

I  
371.42  
I385p  
1969

20

INDIANA  
APR 30 1970  
STATE LIBRARY

Proceedings of the

GOVERNOR'S  
EIGHTH  
CONFERENCE  
ON THE  
HANDICAPPED

Indianapolis, Indiana — April 23-25, 1969

THE GOVERNOR'S EIGHTH  
CONFERENCE ON THE  
HANDICAPPED

*Sponsored by*

The Commission for the Handicapped

Indiana State Board of Health

Andrew C. Offutt, M.D.

*State Health Commissioner*

*Cooperating Agencies*

Division of Vocational Rehabilitation

Division of Special Education

Indiana Department of Mental Health

Proceedings of the

GOVERNOR'S  
EIGHTH  
CONFERENCE  
ON THE  
HANDICAPPED

April 23, 24, 25, 1969  
MAROTT HOTEL  
INDIANAPOLIS, INDIANA

THEME:

*Impact of the 1969 Indiana General Assembly  
on Programs for the Handicapped*





## *Contents*

	Page
HANDICAPPED AMERICAN—A HOOSIER .....	iii
THE PROGRAM .....	iv
ADDRESSES .....	1
JAMES M. KIRTLEY, M.D. ....	2
ANDREW C. OFFUTT, M.D. ....	2
WILLIAM H. SHEELEY, M.D. ....	3
SPIRO B. MITSOS, PH.D. ....	7
ROBERT O. YOHO, H.S.D. ....	8
AWARDS .....	9
GROUP SESSION SUMMARIES .....	13
THE COMMISSION PRELIMINARY REPORT .....	25
PUBLIC FORUM .....	27
LEGISLATIVE SUMMARY .....	28
ATTENDANCE LIST .....	29
COMMISSION FOR THE HANDICAPPED .....	33



## *Handicapped American A Hoosier—*



President Nixon is shown congratulating Willie Passmore, the Handicapped American for 1968, and his mother Mrs. Laura Passmore, of East Chicago, Indiana, when they visited him at the White House. Later that same day Mr. Passmore, work coordinator for the East Chicago Mayor's Committee on Social and Economic Opportunity, received the President's Trophy from Secretary of Labor George Shultz at the Annual Meeting of the President's Committee.



# Program

## Wednesday, April 23

### MAROTT HOTEL

- 10:00 Indiana Citizens Council for the Handicapped—Oak Room
- 11:30 Registration—Hotel Lobby
- 1:30 Plenary Session—Grand Ballroom  
*Presiding:* James M. Kirtley, M.D., Chairman, Commission for the Handicapped  
*Invocation:* Reverend Myron Prok, Pastor, Peace Lutheran Church for the Deaf  
*Welcome:* A. C. Offutt, M.D., State Health Commissioner
- 2:00 *Address:* Impact of the 1969 Indiana General Assembly  
*Speaker:* William F. Sheeley, M.D. Commissioner, Department of Mental Health
- 3:00 Splinter Session I
- A Group—Marian Room  
*Moderator:* Lon C. Woods, Special Education Div., Department of Public Instruction
- B Group—Notre Dame Room  
*Moderator:* Charles Sessler, Indiana School for the Deaf
- C Group—Butler Room  
*Moderator:* Durward A. Hutchinson, Superintendent, Indiana School for the Blind
- D Group—Indiana Room  
*Moderator:* James A. Clifford, Counselor, Indiana Agency for the Blind
- E Group—Purdue Room  
*Moderator:* Curt Dollins, Ed.D., Department of Mental Health
- F Group—Suite 904  
*Moderator:* Freeman Ketron, Vocational Rehabilitation Division
- G Group—Suite 918  
*Moderator:* Mary McGimpsey, R.N., Indiana State Nurses Association
- H Group—Suite 1002  
*Moderator:* Larry Hartlage, Ph.D., Indianapolis Goodwill Industries

### I Group—Suite 1004

*Moderator:* Werner Kuhn, Ph.D., Chief Psychologist, Central State Hospital

- 6:30 Awards Banquet—Grand Ballroom  
*Presiding:* James M. Kirtley, M.D.  
*Invocation:* Rev. Landrum Shields, Pastor, Witherspoon United Presbyterian Church  
*Entertainment:* North Central Girls Ensemble, Mrs. Pauline Brothers, Dir.  
*Address:* William N. Salin, Secretary of State of Indiana  
*Presentation of Awards:* A. C. Offutt, M.D., State Health Commissioner
- 9:00 Monte Carlo Nite—Windsor Ball Room  
 Stouffer's Inn

## Thursday, April 24

- 8:00 Registration
- 9:00 Plenary Session II—Grand Ballroom  
*Panel Presentation:* What Happened in the Legislature  
 Chairman—Theodore Dombrowski, Executive Director, Trade-Winds Rehabilitation Center, Gary  
 Mrs. Ralph Lee, Jr., President, Parents Advisory Council, United Cerebral Palsy of Indiana  
*Participants:* Otis Bowen, M.D., Speaker, Indiana House of Representatives  
 Harry B. Spanagel, Representative, Indiana General Assembly  
 Ralph Werking, Jr., Adm. Assistant, Indiana Society for Crippled Children and Adults
- 10:30 Coffee Break—Grand Ballroom
- 10:45 Splinter Session II  
 (same groups and rooms as Wednesday afternoon)  
 Resource Persons:  
 Mrs. Alice Tinsley  
 Mr. Charles Weaver  
 Mr. Jake Roberts  
 Mr. Stuart C. Shipman

# Program

(continued)

- 1:30 Luncheon—Grand Ballroom  
*Presiding:* Merrill C. Beyerl, Ph.D., Vice President, Ball State University  
*Invocation:* Rev. Michael Bradley, Assistant Pastor, St. Joan of Arc Catholic Church, Indianapolis  
*Address:* A New Position  
 Spiro B. Mitsos, Ph.D., Director, Evansville Rehabilitation Center
- 2:00 Plenary Session III—Grand Ballroom  
*Panel Presentation:* Why It Happened  
 Chairman—R. Leslie Brinegar, Director, Division of Special Education, Department of Public Instruction  
*Participants:* Charles E. Bosma, Senator, Indiana General Assembly  
 Mrs. David Cook, Indiana Congress of Parents and Teachers, Inc.  
 Bernard Konrady, Senator, Indiana General Assembly  
 Mrs. Ilene Younger, Administrative Assistant, Indiana Association for Retarded Children
- 3:30 Splinter Session II  
 (same as Thursday a.m.)

## Resource Persons:

Leslie Brinegar  
 Henry Schroeder, Indianapolis Assembly of School Boards  
 Donald B. Rice, Indiana University Medical Center

- 7:00 Satellite Session I—Hurricane Room  
*Moderators and Recorders:* Commission for the Handicapped  
 "Splinters Group Summaries and Recommendations"  
*Presiding:* James M. Kirtley, M.D.

## Friday, April 25

- 9:00 Plenary Session IV—Hurricane Room  
*Presiding:* James M. Kirtley, M.D.  
*Address:* "Put To Action"  
 Robert Yoho, H.S.D., Assistant Commissioner, State Board of Health  
 "The Commission Preliminary Report"  
 Merrill C. Beyerl, Ph.D.
- 10:30 Public Forum  
*Presiding:* Don A. Miller, Executive Secretary, Commission for the Handicapped





ADDRESSES



## Opening Remarks

JAMES M. KIRTLEY, M.D., *Chairman,*  
*Commission for the Handicapped*

THE LAST time I addressed this group was on the occasion of the Governor's Conference on the Handicapped in 1966. At that time I reported on the recommendations for the implementation of Title XIX of the amended Social Security Act proposed by an Indiana General Assembly Committee on Health Aid to the Aged.

Since then, much has transpired. In three years we have seen many changes in legislation affecting the handicapped passed by two General Assemblies and signed by two Governors. An Indiana statute now provides for Title XIX implementation and several most important laws were passed by the recent Legislature. The implications of these laws on programs for the handicapped is the theme of the 1969 conference.

A less significant episode was the appointment of a new chairman of the Governor's Commission for the Handicapped, which accounts for the fact that the 1969 Conference is now declared to be open by the authority of ex-Senator James M. Kirtley, currently a private physician from Crawfordsville.

A word of explanation is appropriate at this time concerning the cancellation of a Conference in 1968. In addition to the chairman, several other members of the Commission for the Handicapped were newly appointed and all of us agreed that we knew very little about the commission, its charge and responsibilities. After serious discussion, it was decided to forego a conference last year and to substitute a workshop so that commission members could re-evaluate the scope of their work. Consequently, a two-day conference was held last fall at McCormick's Creek State Park with remarkably good attendance.

Fundamental research was the format for the meeting and this included a careful study of the statute which set up the Commission and this was fruitful in crystallizing duties and responsibilities of the group. From many hours of toil evolved a series of immediate, intermediate and ultimate goals which will give the Commission purpose and guidance.

I believe that I can speak for every member of the commission when I say that we now have a clear view of our responsibilities to the State of Indiana and are willing to discharge that duty.

Our newest charge is spelled out in Senate Bill 49, now a law, since its passage by both houses of the General Assembly and the signature of the Governor. This statute provides that the Commission for the Handicapped review, prior to each regular General Assembly session, the programs, budget requests and legislative proposals of all state agencies administering programs for the handicapped; and that a comprehensive report be sent to the Governor, the Legislative Council and the State Budget Agency. This, indeed, is a challenge and will require the utmost diligence of our group in discharging the obligations required. ☆

---

## Welcome

ANDREW C. OFFUTT, M.D.,  
*Indiana State Health Commissioner*

ON BEHALF of the State Board of Health, it is my pleasure to welcome you to the Governor's Eighth Conference on the Handicapped.

We have been privileged to witness tremendous advances in health and rehabilitative services for the handicapped during the past decade. These advances are indicative of the cooperative work of concerned individuals, professions and organizations toward greater and more effective habilitative as well as rehabilitative programs. It is hoped that the efforts of the State Board of Health may have made some small contribution to this work.

Our joining here today to confer on the Impact of the 1969 General Assembly on Programs for the Handicapped does reflect the cooperative efforts in the past General Assembly. These efforts have brought about significant achievements in establishing new laws which will enable the development of greater services and better programs for all handicapped whether they be multiply handicapped children and/or adults.

You are encouraged to take full advantage of the opportunities on both sides of the podium afforded by this conference. Participate fully in the discussion of legislative action concerning proposed bills for the handicapped, share your feelings and ideas with respect to success and/or failures and the relevance of the respective bills. It is to be hoped that through understanding and compromise, we may attain general agreement on the implementation of the new laws and unify our efforts.

It has been three eventful years but I recall saying to many of you at the 1966 Conference on the Handicapped that "It is through these conferences



that discussion of the concerns for the disabled can resolve some of the problems and bring forth recommendations for action. . . ."

I stated later that . . . "A counterpart to the legislative programs is the challenge to make a systematic attack on each area of need. This can be accomplished through cooperative planning and action among the various disciplines concerned."

We must weave a new covering over the patchwork of habilitative and rehabilitative programs in Indiana and bring to every handicapped and multiply handicapped person a fair chance to live a fuller and more productive life. It is my hope that through this meeting we will realign ourselves and start again in the direction of greater comprehensive services for the handicapped.

I extend to you a cordial welcome to the Eighth Annual Conference on the Handicapped and wish you every success and enjoyment from your participation in each session. I am sure that one item that cannot be treated on any agenda are the values to be gained from association and conversation. ☆

---

## Keynote Address

### "Impact of the 1969 General Assembly"

WILLIAM F. SHEELEY, M.D., *Commissioner*  
Indiana Department of Mental Health

THE CAPTAINS and the kings have departed. They have spent 61 incredible days (and, I guess, twice as many nights) dealing with the many items of state business which were placed before them. They have had many suggestions—indeed demands from the people of Indiana. Some of these people represent organizations; some represent themselves.

Into this legislative ferment, then, has gone an incredible amount of substrata material; the enzymes have labored; and we have a product. That *product* is the bills that were passed—and it is also the bills that were not passed. At least some of us had an interest in every bill that was passed. I think we can be forgiven if we take a measure of satisfaction from this success. Some of us also had interest in every bill which failed. We would be more than human if we did not feel disappointment which might, indeed, be quite bitter if we believed the passing of a bill was urgent.

You will find in folders before you two categories of bills. On the left you will find the *happy* ones; on the right you will find the *unhappy* ones. How-

ever, maybe the two sides are not so different as we think. Maybe, as we look at the bills which were passed and are to become law, we will see another side to the coin. Perhaps, as our joy begins to subside, we will develop a new feeling—a sense of new responsibility placed on our shoulders by the enactment of this law. It is this sense of responsibility (which we know you feel) to which this conference is really addressed. During the next 48 hours we hope that you will be able to examine those bills that passed and that you will take the first steps toward giving those bills real meaning. For these laws, without adequate exploitation, without appropriate implementation, without vigorous utilization, will be only *things* that have been lost among the other neglected statutes which languish already in the law books.

Let's look again at the bills on the right side of the folder. These failed. Obviously, those of us who helped introduce these bills and who worked for their passage had at least an implicit plan as to what they would do once the bills became law. They had mapped out a direction in which to travel. And now the bills not passed, . . . what happens to the plans for moving forward? Is all lost? Must we console ourselves by saying: "Well, maybe next time we'll do better?"

This is of little comfort. If these bills were indeed worthy of passage, then their failure is a loss to our program for the handicapped. As you examine the bills that failed, therefore, I hope that you will raise several pertinent questions, such as: "Had this bill become a law would it be a law that we really wanted?" Getting a good idea into the form of an effective law is not easy. So, ask, as you look at these bills: "Might they profit from some further examination, further study and revision to make them better able to do the job that we wanted them to do?"

Another question to ask is: "Why did they fail?" One can assume that if a bill fails there may have been some cogent resistance to its passage. A number of individuals may have had objections to this bill. You may, therefore, want to ask yourselves the questions: "If this bill is a good one, why hasn't it passed? Is it misunderstood by people of Indiana? Do people of Indiana misunderstand our efforts to improve the care of the handicapped?" If this be true, then of course you have discovered a responsibility which we all have: correcting public misapprehensions.

One of the things that you can do in the small groups—the splinter sessions as they are called—and I am certain you will do—is to commiserate, to weep a little bit. I guess it is kind of fun to have



someone help you cry, particularly if they are crying about the same things you are. But I hope then that when you have finished your mourning that you will put away your torn garment, that you will wash the ashes from your forehead and begin to look for a way to go from here.

Now, I would like to talk about the bills which did not pass.

I want to caution you against obsessing interminably over what didn't happen. This is a comfortable thing to do, I suppose, because it relieves you of the responsibility to do anything. You can sort of sit and obsess over what didn't happen.

I would like to remind you of the two people, the optimist and the pessimist each looking at a bottle which has reached the half-way mark. The pessimist says, "Oh, the bottle is half empty," and the optimist who says, "The bottle is half full." I ask that you, at the proper point in the conference, begin to look at that which is in the bottle rather than that which is not. Because the fact is, seven of the bills failed, but 9 passed.

Let's look, then, at the bills that have passed and will become law in the *very* near future. Examine them to see what kind of impact they can have on the care of the handicapped in Indiana. When laws such as these are passed the job is not done. On the contrary, we have just been allowed into the workshop to do the job. A law will not take care of the handicapped. A law will not solve our problems as we try to help the handicapped. A law will not do for us the staggering mountains of staff work, of thinking, of planning, of trying ideas and making mistakes, of learning from our mistakes and trying again, of facing the many frustrations. Once again, as I remarked a few minutes ago, the laws will be meaningless to the extent that we do not give meaning to them—to the extent that we do not feel a sense of obligation imposed on us by the passage of these laws.

I don't know whether you in this group will want to expand the definition of the handicapped even beyond the usual mental and physical disability. What about social handicaps? I would not be dismayed if you were to raise the question in your splinter groups, as to how much social handicapping might properly be a concern of this conference. When I say social handicap I am thinking of the patients' relations to other people, be they family, be they community, be they some broader part of the body of our society.

I would like to ask whether this conference should be concerned with the economically handicapped. You may well rebel at this and say: "Now, wait a minute! We can't get involved in the pov-

erty programs and all that sort of thing." And, I would certainly understand these objections. But I must remind you once again that if we are truly to come to grips with the whole problem of a physically or mentally handicapped person, we cannot ignore the concurrent economic handicap which has been imposed on or created by that physical or mental handicap.

Yes, these bills which have been enacted, place on us the responsibility of giving them meaning. Unless we do something with them—something intelligent, something imaginative, something creative, something vigorous, something effective with them—then our legislators will have gone in vain through the sleepless nights, the many agonizing decisions, and many hours of listening to people.

We have the responsibility to see what we can do, then, but let's not let others off the hook; let's see what other people can do, too. Let's see who these other people are, decide what they should be doing, and then, of course, figure out how to get them to do it.

I haven't asked the Commission for the Handicapped, but I will be astonished if they do not agree with me when I say that the Commission feels that it has been given a special measure of responsibility by at least some, if not all, of the bills which have passed. Among other things it gives to the Commission the job of being concerned with the big picture, with the total picture. If you like, we are expected to be coordinators. We are also expected, I suppose, to look at the matrix of care being provided, of services being offered and look for holes in that matrix. It gives us the responsibility of assuring that such holes, when found, are dealt with as effectively as the resources of Indiana permit. The Commission represents, as you know, many of the departments of state government, which departments have as part of their nuclear responsibility the dealing with handicapped persons. Other members of the Commission represent no state department but rather non-governmental organizations or concerned citizens. The Commission has the responsibility, then, to pull together the problems and help organize the resources of Indiana to come to grips with these problems. The Commission can do its work well only with the contributions of Indiana people who are concerned with the care of the handicapped people. The Commission will depend upon these people for advice and for assistance.

The public school systems are given special responsibilities by some of these laws. They, too, will be expected to assume a much greater measure of the burden of educating handicapped children



than they have had. Some of the school systems are already old hands at the business and will have little trouble "tooling up" for a higher level of activity. Other school systems will be dismayed by problems as they try to implement the laws. Perhaps in this conference, we in the splinter groups, can think about the problems confronting the schools; can try to analyze those problems; can try to find some of the resources upon which the schools might call as they go about preparing to implement these laws. And, perhaps we can discover how we can, without getting to be busybodies, prepare to help the schools as they undertake this unaccustomed and difficult task.

As we think about implementing these laws, it might be useful to ask: "Just what are the needs of the handicapped? What kinds of things should we provide, or see that is provided, so that the handicapped can, indeed, be effectively helped by the programs and by the additional programs which these laws have made possible?" I don't want to, nor could I, preempt the work of the splinter groups, but I suggest that there are at least three general aspects of the needs of the handicapped which might deserve the group's attention.

One, of course, is prevention, and I hope that the splinter groups will think of prevention as being not only the responsibility of a governmental or other public organization but also of community action. The communities must be concerned with any kind of prevention. Let me give you a homely example: George Washington had a face pitted with the scars of smallpox. It is not amazing that George Washington should have a face pitted with scars of smallpox, because smallpox was very common less than 200 years ago in our country. Often a beauty's claim to fame was that somehow she had escaped smallpox or if she had it—it hadn't pocked her face. Today smallpox is limited, among most of us, to a small vaccination spot on the arm. May I remind you that this change in things didn't happen just because physicians did their job well, although they did. It didn't happen just because public health organizations did their job well, although they did. It happened because of community action. It happened because the community got itself organized—saw the need to deal with the handicapped. (May I suggest that if you get smallpox, "brother," you're handicapped.) Community action then is important, and I suggest that your splinter groups consider how these laws might involve some major community action.

Treatment is another aspect of the handicapped's need. Remember that handicapped doesn't

necessarily refer only to those people who have had past incidents in their lives which have produced crippling. It can be a very here-and-now kind of incident which is going on at this moment. It can be an acute illness affecting body or mind. Treatment, then, very properly is an aspect of the concern for the handicapped. May I also remind you that in this highly sophisticated, highly specialized age, treatment of a handicapped person more often than not does involve more than one treating person or treating organization. Or if it doesn't involve more than one, it should. There should be brought to bear on that individual in his treatment program a multiple of treating persons or organizations. And, more importantly, the contributions made by that multiple of persons and organizations should reinforce and augment and extend the impact of all the other treating persons and organizations. This means then that treatment programs in this sophisticated, specialized world must have planned collaboration, if treatment is to be truly effective.

And then, of course, another aspect of the program for the handicapped is rehabilitation or habilitation. Quite naturally, when we hear the term rehabilitation or habilitation, we think in terms of the Division of Vocational Rehabilitation and obviously the Division has a most important and essential responsibility and role to play in this aspect of rehabilitation. But let's look and we see that rehabilitation is a proper end-point of the whole matter of dealing with the handicapped. Can we be content if we treat a handicapped person with an acute illness, and, when he has recovered, he is not adequately accepted in his natural society? Can we, in other words, bring him to the point where he is now no longer a handicapped person really although he may have some handicaps but he has capabilities, which capabilities are not being exploited so that really we have taken a handicapped problem and made a welfare dependent of him. Can we be content with this as an end point? Or must we not demand of ourselves that he be given every opportunity to return as far as his capabilities will permit, in spite of his limitations whichever may persist.

In rehabilitation we must involve not only the Division of Vocational Rehabilitation, but business and industry, schools, welfare agencies, privately practicing physicians—the many, many people who can, indeed, help the handicapped person discover and exploit his capabilities despite his limitations.

I said earlier that the Commission for the Handicapped would need suggestions from you and I



hope in your small groups that you will not only develop some ideas to guide your own future activities at home, but that you will give the Commission your thinking, your ideas, and your suggestions.

You may have noticed that Senate Bill 50 gives the Commission for the Handicapped a rough job. It seems to say to the Commission: "As you develop this plan you must not plan to create something to duplicate something that is already there." This, as you know, is a common human frailty. Somebody's running something; he isn't doing it quite the way I'd like for him to do it so I'll start one of my own. Now if this is a hotdog stand that's all right; two hotdog stands are known as private enterprise and free competition. But I suspect there are many duplications which are developed under circumstances like these which do not have the healthy aspect of free competition but rather have the sapping effect of duplication in which the resources of the state are dissipated in the duplication.

May I suggest also that this plan which the Commission has been charged to develop should be preserved? Old things are not necessarily no good. New things aren't necessarily good. Change is not necessarily progress. What are the old organizations doing that should be preserved and should be very carefully interwoven into the plan? But also in what new ways might the old organizations function, taking advantage of the many resources they presently have, the machinery, the staff, the know-how, which they have but use it in a new way? Another possibility is to take the old organizations but conceive of new combinations of old organizations. The novelty here is that we have taken a bunch of old bricks and discovered that they are still sound; we have chopped off the mortar and we've now rebuilt them in a new pattern in a new wall so that now they are able to be much more effective. Now I can already begin to see you have one of two things either a sort of a cynical feeling—"Well, boy, he's going to get into trouble when he tries to get some of these old-line agencies to do new things—brother, he'll learn." Or, perhaps you have little amount of anxiety—"Now wait a minute—what is this going to mean in terms of my organization? We've always done it this way and it was good enough for my grandfather when he joined the organization and it is good enough for me. And, in any case I'm not too sure I can adapt to new ways—I'm just barely hanging on as it is. Why don't they go somewhere else—maybe they can start a new organization to do that. But be

real sure that the new organization doesn't deal with the same clients that we do, or doesn't do the same things with them. What we would like that new organization to do would be to take care of those clients that are sort of pains in the neck, can't please them, they're always writing to the Governor." Yes, there will be those problems. Problems in territoriality, the problems of vested interest, the problems of self-interest, the problem of bureaucracy or whatever terms you use. But they are problems that can be solved and they must be solved if truly we are to move forward with a plan which makes any sense at all, a plan which isn't just a pious statement.

If we do all these things, we are going to confuse a lot of people. If we have a plan that is truly innovative, truly creative, truly addressed to problems we haven't done too well with in the past and does truly have an impact on the handicapped, then we are going to be doing a lot of strange, extraordinary, unusual things. And, as I say, we are going to confuse an awful lot of people. So that part of the plan surely should include a technique, a device, a method for communicating to the people of Indiana just what is going on, and why. What the rationale is. What the goals are. What we expect this procedure, this process, this program which emerges from the plan, to do. Why this approach is better than the half dozen other approaches which might well have been accepted and used.

If we are going to start creating new facilities or if we are going to start new programs, new methods of approach in existing old facilities or if we are going to talk about combinations of facilities in new ways the public is going to have to know two things: First of all, the people are going to have to know why the new facilities are needed, which is a very proper question for them to ask and one which we do have the responsibility to answer. Second, they are also going to have to know how to use the new gadgets. Any of us who has taken home a can opener and tried to figure out how to put the thing on the wall will have some notion of what I'm talking about. I'm sure that once you get it going it works beautifully but sometimes the instructions don't help much. We will have to develop a book of instructions that people can use successfully to take advantage of the new facilities as they develop.

May I suggest then, that in your splinter groups you give some thought to the objectives which the State of Indiana, as a whole, should have as a



social creature, which you all should have as individuals or as members of organizations, and which the Commission for the Handicapped should have. Define these objectives. Wither should we be going? If we get there where should we be? I also suggest that you examine the resources—not only the ones that you are used to using to reach objectives, but brainstorm a little bit, be a little “way out,” try to think of some new uses for old things or some new things, new approaches. It wouldn’t

### A New Position

SPIRO B. MITSOS, Ph.D., *Director*  
Evansville Rehabilitation Center

**T**HIS HAS been a tremendously important meeting for those who are members of the Commission. The Commission has been in existence since 1959. At times it appeared as though the Commission would dry up and fade into oblivion. The legislative act that created us said: “It is the general intent and purpose of this act to provide a facility charged with the responsibility of providing direction and leadership in the development of comprehensive habilitation and rehabilitation programs for the handicapped of this state.”

This is, then, the role of the Indiana Governor’s Commission on the Handicapped:

Chapter 91, of the Acts of 1959, created the Commission for the Handicapped. In the initiating legislation the purpose statement is as follows:

“It is the general intent and purpose of this Act to provide a facility charged with the responsibility of providing direction and leadership in the development of comprehensive habilitation and rehabilitation programs for the handicapped of this state.”

The Act further states,

“The term ‘handicapped’ shall mean all individuals who by reason of physical or mental defect or infirmity, whether congenital or acquired by accident, injury or disease, are, or may hereafter be, totally or partially prevented from achieving the fullest attainable physical, social, economic, mental and vocational participation in the normal process of living.”

On September 12, 1968, in a meeting at McCormick’s Creek State Park, the Commission enacted the following goal statement:

“Resolved, that the goal of the Commission be the protection of all individuals from the impact of defects or infirmities which prevent

be a bad idea to try to discover what obstacles lie in the way. What things stand between where we are now and where we would like to be as defined by our objectives. And when you’ve brought these things together—where we want to go, what we’ve got to go there with and what kinds of rocks, boulders, ravines and mountains and oceans we expect to find between where we are now and where we want to be—come up with some suggestions as to how to proceed. ☆

their attaining fullest possible physical, social, economic, mental and vocational participation in the normal process of living.”

The re-statement of goals by the members of the Commission was necessary in order to translate the essence of the Acts of 1959 into more functional terms. The concepts of “providing direction and leadership in the development of comprehensive habilitation and rehabilitation programs for the handicapped of this state” has never been clearly translatable into operational programs. The Commission has constantly struggled with issues of how to provide direction and leadership, limits of authority and responsibility and the basic relationship between the Commission and the mainstream of rehabilitative services in the state via special education programs, the Division of Vocational Rehabilitation, the public and voluntary facilities, etc. In restating the goal of the statement of purpose in the enabling legislation, the primary values of the revised goal statement lie in three areas:

1. *Definition*—The new definition of goal is more adequate in that it is less delimiting in defining the population with which the Commission is properly concerned. The key to interpretation of the new goal statement as opposed to the previous definition lies in the phrase “defect or infirmities.” The older definition specified “physical or mental defect or infirmity whether congenital or acquired by accident, injury or disease.” The new goal statement does not so specify the nature of defects or infirmities and thereby does not carry the connotation of limiting handicapping conditions to the more classically accepted “illness” groups. The new implied definition of defects or infirmities is the functional or behavioral connotation of any condition of life that prevents fullest participation in the normal processes of living. This “condition of life” with which the Commission now finds itself concerned might be an orthopedic crippling condition but could just as readily be a social condition thwarting an individual’s vocational opportunity.



2. *Prevention*—The earlier definition of role assigned responsibility for direction and leadership in the development of programs. It carried no specific focus on the broader public health concepts of prevention. The revised goal statement, on the other hand, carries a preventive connotation—prevention not in the broadest sense of eliminating all illness, accidents or inequities of birth but more realistic and specific prevention of negative impact on opportunity for normal life.

3. *Functional Goal-Setting*—As stated above, one of the major flaws with the original definition of purpose is the absence of specific functional direction for the Commission. The revised statement commits the Commission to the protection of all individuals from the impact of disability. Such revision in terminology is of more than semantic importance. The posture of the Commission with regard to many public issues is man-

dated in the revised definition of purpose. An obvious example of this mandate is with regard to proposed legislation regarding mandatory special education for handicapped children in the state. In the older terms of providing direction and leadership in the development of programs, the posture of the Commission with regard to specific issues such as mandatory special education is not clear. Under terms of the revised statement involving protection of all individuals from the impact of disabling conditions, the Commission is by definition committed to support mandatory special education and committed to the responsibility for insuring adequate educational resources for all disadvantaged Hoosiers.

It is important that we redesign our role. Senate Bill 49 accepts goals that are perfectly consistent with the Commission's new position. The Commission is going to start acting. ☆

---

### Put to Action

ROBERT O. YOHO, H.S.D.,  
*Assistant Commissioner*  
Indiana State Board of Health

INDIANA has never committed itself totally to the disabled. This is one of the reasons we have a "patchwork of rehabilitation." The legislative study committee on the handicapped did commit itself to a total concern for the handicapped.

One of the objectives, and the most important objective of the legislative committee, was to develop a blueprint for the development of services and programs in Indiana to meet the needs of all handicapped individuals. It recommended general expansion of services to the handicapped—services that now exist and those projected for the future. This blueprint for the future is an important consideration for all groups concerned and involved in rehabilitation. It will be the most important concern of the Commission for years to come, and also the important consideration for all voluntary and official agencies. The elements of the blueprint are sound. It provides for (1) the establishment of a state registry, (2) proper diagnosis and referral services, (3) strengthening the program for schools, existing agencies and institutions so that many more handicapped children can be helped. After strengthening the program to meet the needs which they are potentially capable of meeting, then (4) consideration of new programs, new services and new institutions to fill in the gaps in present services.

The significance of the bills passed by the 1969 General Assembly is that they are steps leading toward a coordinated plan for the handicapped in Indiana. It is necessary for us to recognize that one of the major responsibilities of the next several years is to engage in those activities that lead to coordination. Success will depend on our ingenuity, imagination and aggressiveness. If the Commission for the Handicapped is to accomplish its objectives, it will have to make full commitment to this objective; however, this commitment will be of little benefit unless the strong voluntary agencies, as well as those of lesser strength, pursue the same goal. If we have patch-work programs—directed toward servicing one group of disabled individuals—the blueprint will go out the window rather quickly. A willingness to cooperate in achieving an over-all plan was demonstrated in this session of the General Assembly. This approach must continue into the future.

It is important that we recognize the economics involved in a program such as this. Millions and millions of tax dollars are involved. Rehabilitation is in competition with other important public needs. Society has committed itself to an all out war on ignorance, poverty, sickness, disability and unemployment. You can be sure the demands for services in these areas will not decrease in the future—in fact they will increase. The needs will far outstrip our resources. We do have to plan efficiently and effectively to use properly the resources available or that will be made available for rehabilitation programs. ☆



AWARDS

## Ability Counts Awards

A. C. OFFUTT, M.D.,  
State Health Commissioner

**T**HIS year the Awards Banquet assumes a somewhat different format with the inclusion of the recognition of winners in the "Ability Counts" Contest.

This contest is sponsored by the President's Committee on Employment of the Handicapped in conjunction with the respective State Commissions on the Handicapped. Eleventh and twelfth grade students in all public, private and parochial schools are eligible to participate.

Students are asked to survey their own communities relative to some aspect of the over-all theme of "Ability Counts" and to report their findings in not more than 750 words. The specific topic for this year's competition was "What Every Employer Should Know About Handicapped Workers."

The winning entry in each state is forwarded to the President's Committee to be considered for prizes totalling \$2,500.00 provided by the Disabled American Veterans.

Awards for second, third, fourth, and fifth place in the Indiana contest are furnished by the Indiana State Board of Health.

The fifth place award of \$25 in this year's contest goes to Gail Ann Huckins, a senior at Clay High School, South Bend.

In fourth place is Gailyn Gibson, a junior at Delta High School, Muncie, who receives \$50.

Submitting the entry which was awarded third place was Bonean Sonner, senior from Jefferson School of Goshen, whose prize is \$75.

Clay High School is also responsible for the second place winner, a senior, Dawn Seybold. Dawn's prize is \$125.

For the past several years, the state AFL-CIO Councils and Federations have furnished the award for all first place state winners. The Indiana AFL-CIO has been most cooperative and Jacob Roberts, Vice President of Indiana State AFL-CIO will make the presentation to the 1968 winner.

*Mr. Roberts congratulated John Muessel, junior from Shawe Memorial High School, Madison, on behalf of the Indiana State AFL-CIO and presented him with a check for \$150 and a round-trip plane ticket to Washington, D. C., to attend the annual meeting of the President's Committee on Employment of the Handicapped.*

Though it would seem that this should conclude the awards presentation for the "Ability Counts"

Contest, there still remains an appropriate action which I am quite happy to take. One of the sponsors here tonight has had a winner each year for the past five years, two of which have been second place winners. Upon the recommendation of the Commission for the Handicapped, the President's Committee on Employment of the Handicapped has issued this "Citation for Meritorious Service" to Sister Mary Xavier, English Instructor at Shawe High School, Madison, and sponsor of John Muessel, winner of first place in Indiana and of third place in the nation. I am quite pleased to present this citation to Sister Mary Xavier. ☆

## Governor's Awards

The awards program of the Commission for the Handicapped has been closely correlated with that of the President's Committee on Employment of the Handicapped. The primary reason for this is that persons selected as winners of the Governor's Awards may also be considered for appropriate national awards by the President's Committee.

Basically the purpose of the awards program is to recognize employers, organizations, agencies and individuals for their services to the hire-the-handicapped program, and to encourage employers to give job opportunities to the handicapped.

It has been the philosophy of the Commission that awards will not necessarily be routinely made each year. Nominations for the various awards may be submitted by anyone who has substantial knowledge of the contributions made by the nominee. It is then the function of the Awards Committee and the Commission for the Handicapped to select award recipients on the basis of the appropriateness in relation to the established criteria for each award.

Indiana has had some outstanding award winners in the past and this year proves no exception. The first individual to be honored tonight was nominated by Dr. H. Matheu, Superintendent of Logansport State Hospital. He has been active in rehabilitation for nearly a decade. He has been a member of the Board of Directors of the Hendricks Habilitation Center for ten years, a charter member, past president and a member of the Directors of the Logansport Guidance Center.

In 1964, when the Logansport State Hospital opened a Vocational Placement Office, this man pledged his cooperation and that of his company. Since that date, there never has been fewer than one and sometimes as many as four patients employed by the company. This policy has been a



large factor in the discharge of four of these patients while in the company's employment.

In view of the present day cost of hospitalization the monetary value of this program totals up to quite a respectable sum, and when added to the value building of morale and self-confidence in the patient himself, the impact has been of inestimable consequence.

I regret that due to previous company commitments, the recipient could not be with us tonight, but I am pleased to announce that Henry Binder, Director of Personnel, RBM Controls Division, Essex Wire Corporation, Logansport, has been selected for the Distinguished Service Award.

The winner of the Public Personnel Award has compiled quite an unusual record. The nomination was submitted by the Department of Special Education of the Hammond Public Schools. The recipient is described as "no ordinary special educator" and her achievements certainly support this statement.

As Director of Special Education in the Hammond Public Schools, she has, within the past five years, initiated, staffed, and developed guidelines and curricula for twelve different programs for handicapped children. These programs involve 63 therapists and teachers and an enrollment of more than 1,700 students.

Equally significant is her contribution in advancing the employment of handicapped high school age students. These student enrollees over a two and a half year period have earned more than \$80,000 and have made contributions to Federal and State government agencies totalling more than \$15,000.

This program involves educable mentally handicapped pupils. During the 1967-68 school year 65 students participated, 10 of them on a full time basis. Characteristics of the work varied considerably with wages ranging up to \$2.83 per hour. The wages received were the beginning wages paid other workers doing the same type of work.

This dedicated young woman has been a public school teacher, a supervising and demonstration teacher at Indiana State University, a supervisor of programs for Physically Handicapped for the Indiana State Department of Public Instruction, an instructor at Valparaiso University and as previously stated is now Director of Special Education for the Hammond Public Schools. In 1966, she received the Citation of Merit from the Indiana Rehabilitation Association.

I am very happy to present the Public Personnel Award to Miss Rowena Piety.

"From despair to joy and a ministry to a whole

city. The badge of courage that led from despair to joy did not come by any miracle. He built it, day by painful day. The privilege of helping others was not given to him either. He has created his own opportunities." Thus does Mrs. Ethel Freel, Counselor for the Indiana Vocational Rehabilitation Division, describe her nominee and the Commission's selection for Handicapped Hoosier for 1968. (Photo on Page iii.)

He was injured during football practice while a junior in high school in 1946. The following three and one half years of treatment included extensive spinal surgery and many months in traction, but gangrene forced amputation of both legs in 1949.

This young man battled tremendous odds simply to survive. As his strength returned he was able to complete his high school education in 1951, with the assistance of home-bound teachers. He received training in business and accounting through the Vocational Rehabilitation Division.

For eleven years he supported himself by working as night dispatcher for a taxi-cab company. He spent part of his off-work hours starting what has developed into an outstanding career of voluntary public service.

A record of his accomplishments, awards and honors received are much too numerous to be related here. The few cited here will serve to give you some idea of the scope of his activities. Having been hospitalized for such an extended period he understood well the problems of hospital patients. Each Sunday afternoon he devotes his time to visit those who need someone to talk with. In 1967, he was designated "Visitor of the Year" by St. Catherine's Hospital.

Since 1950, he has prepared a weekly column for the *Chicago Defender*, as the paper's East Chicago Correspondent. In addition to his church where he is assistant Sunday School Superintendent, he has been active in a long list of public service organizations, including the NAACP, the Anselm Forum, an interracial intercultural group, the Gary Friends of the Poor, and the West Calumet Action Council.

He is past president of the East Chicago Junior Chamber of Commerce and in 1962, received its "Man of the Year" Award, and in 1966, was made a life member by its international Senate.

One of his most significant contributions is as a sponsor of "Convicts Anonymous" at the Indiana State Prison in Michigan City. He also works with "Convicts Unlimited" in helping to place men in employment after their release.

He has been employed as a substitute teacher in the East Chicago Schools, and has done public



relations work for the East Chicago Recreation Department.

For the past three and one half years, he has served as Work Coordinator for the East Chicago Mayor's Committee on Social and Economic Opportunity. In this latter capacity and previously as a community service, he has counseled and placed into employment hundreds of people of all ages with such handicaps as physical limitations, economic or cultural deprivation, prison records and personality problems.

With all this he has found time to complete three years of college work toward a degree in social work and criminology.

Being selected the Handicapped Hoosier of the Year made him eligible for consideration for the honor of Handicapped American of the Year. On May 1st, at the annual meeting of the President's Committee on Employment of the Handicapped, he will be presented the President's Trophy, awarded annually to the Handicapped American of the Year, by the President of the United States.

I am, indeed, honored to present the Governor's Trophy to William Passmore of East Chicago and designate him as Handicapped Hoosier of 1968. We are quite proud to share him with all of our fellow Americans as the Handicapped American of the Year. ☆

## **Mr. Salin Offers Congratulations**

Representing the Executive Branch of State Government, William N. Salin, Secretary of State, extended congratulations to William Passmore, as Handicapped Hoosier of 1968, to Henry Binder, Director of Personnel, Essex Wire Corporation, Logansport, as winner of the Distinguished Service Award, and to Miss Rowena Piety, Director of Special Education, Hammond Public Schools, as winner of the Public Personnel Award.

He also congratulated John Muessel, Shawe Memorial High School, Madison, winner of the 1968-69 "Ability Counts" Writing Contest for High School Juniors and Seniors, as well as Dawn Seybold, Clay High School, South Bend; Bonean Sonner, Jefferson High School, Goshen; Gailyn Gibson, Delta High School, Muncie; and Gail Ann Huckins also of Clay High School. They finished second, third, fourth and fifth respectively, in the contest.

Mr. Salin also expressed his strong support for programs for the handicapped, and urged those individuals with handicaps to continue their efforts to be productive citizens. ☆

## GROUP SESSION SUMMARIES



**THURSDAY, APRIL 24, 1969**

**PLENARY SESSION II—GRAND BALLROOM  
—MAROTT HOTEL**

Panel Presentation: "What Happened in the Legislature"

Chairman — Theodore Dombrowski, Executive Director, Trade-Winds Rehabilitation Center, Gary

*Dr. Otis Bowen, Speaker,*

*House of Representatives*

Dr. Bowen feels it is too early to assess the Indiana General Assembly. The session was 61 days, 24-hour days. There were 1827 bills and resolutions introduced. About 27 percent became law. Of these 16 concerned the handicapped. Nine, or 56 percent, passed. A couple were vetoed. We were concerned with:

1. Finances to Introduce Budget and Taxes
2. Education
3. Roads and Highway Safety
4. Public Welfare
5. Constitutional Revisions
6. Social Problems
7. Miscellaneous Groups

*Bill 49* — Requires State Commission for the Handicapped to review budget requests and legislative proposals of state agencies concerning rehabilitation of handicapped.

*Bill 50*—Directs State Commission for the Handicapped to develop plan for diagnostic and evaluative services for handicapped; \$20,000 appropriated.

*Bill 51*—Directs State Commission for the Handicapped to develop plan for special facility or service plans for multiple handicapped; appropriated \$25,000. A two-year study and a \$50,000 budget recommended. Governor vetoed.

*Bill 1151*—Creates system for reporting handicapping conditions to the State Board of Health and directs Commission for Handicapped to compile information.

*Mr. Harry B. Spanagel, Representative,  
Indiana General Assembly*

All worked diligently to come up with a program to benefit the handicapped. Recognition was given to the many volunteers. The publicity promoted by these volunteers has helped tremendously. The different study committees worked together. There is an austerity program in the state. It was through the help of many, many people that we were able to accomplish so much.

*Bill 1070*—Lowers age for provisions of special

education classes from five to three and allows experimental classes for deaf children, beginning at age six months. Adds multiple handicapped as category eligible for special education.

*Bill 1071*—Mandatory special education, beginning July, 1973; requires submission of comprehensive plans for special education; creates state advisory council; appropriates \$80,000.—This is the most important among special education bills. On September 1, 1973, each school corporation shall have to provide special education classes in their school for children requiring such training. By September 1, 1971, they must have a program presented to the Department of Special Education a plan for the implementation of such a program.

*Bill 53* — Allows the appointment of a legally responsible person to administer public assistance funds for recipient unable to do so for himself; allows fee for services, requires periodic financial report to the court.—Our committee agreed to accept this although it was more a welfare bill than a handicapped bill. This will permit the appointment of a legally responsible person to look after the funds of a mentally handicapped person and to see that funds will be used properly for that person. This person is to be appointed by the court. A small allowance shall be paid to this person.

*Mrs. Ralph Lee, Jr., President, Parents' Advisory Council, United Cerebral Palsy of Indiana*

We now have new ways for old agencies through the Citizens' Council for the Handicapped. There is a value for such an arrangement. Legislative study showed that one-third of the handicapped are receiving help. We have had complete cooperation within the house and senate. "Working together we came through."

*Bills 54 and 55*—Deal with those aspects of welfare which help the individual at home. They would reimburse the county 50 percent for the cost of the crippled children. *Bill 55*—Beneath the age of 15 there is a gap in services. There is too much potential with money. These died in the Senate.

*Bill 56*—Increases maximum monthly payment under disabled aid from \$80 to \$100. This will increase the amount of necessary money for adequate living for a totally handicapped adult. This bill was vetoed.

Special education should be funded under the education funding. We should inform the public to bring their handicapped children to school.



Mr. Ralph Werking, Jr., Administrative Assistant, Indiana Society for Crippled Children and Adults

Fifty bills in the senate and house concerned the handicapped. The big question is "Where do my children go after I am gone?" Dr. Bowen and Mr. Spanagel have helped tremendously with the architectural barriers. New government buildings now must have ground level entrances and doors to accommodate wheelchairs.

*Bill 1192*—Allows school corporations to pay the equivalent of tuition for children who reside in the district and attend special education classes in private schools; allows State Superintendent of Public Instruction to pay costs in excess of tuition equivalent; requires approval of such schools by State Superintendent.

*Bill 1191*—Authorizes loans for potential teachers of handicapped and related personnel through State Scholarship Commission. Died Senate Committee.

*Bill 1217*—Allows State Superintendent of Public Instruction to reimburse colleges for financial losses in establishing special courses to train sufficient teachers in preparation for mandatory special education.

We can do only so much *up here* but you can do so much more *out there*. Nine out of 16 bills having passed has made this a wonderful year.

## THURSDAY, APRIL 24, 1969

### PLENARY SESSION III—GRAND BALLROOM—MAROTT HOTEL

Panel Presentation: "Why It Happened"

Chairman—Mr. R. Leslie Brinegar, Director, Division of Special Education, Department of Public Instruction.

During the panel presentations we will make a responsible try to get at some of the factors involved in the situation which made it possible for a number of bills to be passed that affect handicapped people. We will briefly discuss the process of implementing these important new statutes.

Mrs. David Cook, Indiana Congress of Parents and Teachers, Inc.

"The past is prelude to the future" was the theme of the following comments in the overview sketch of the development of special education services within the Indiana public schools.

The events of the 1969 General Assembly began on a legislative level in 1927 when Chapter 211 was enacted which permitted classes for physically

handicapped children (only). However, then as now, the legislation did not provide adequate support for a statewide program and little growth was evidenced until Chapter 276 was passed in 1947.

Chapter 276 not only expanded the services of special education to the educable mentally retarded and made provisions for reimbursement to local school corporations for a portion of the cost of operating such programs, but it created the Division of Special Education within the State Department of Public Instruction and provided for the position of Director of that Division.

The 1964-65 school year was a year of special significance in terms of a *great increase* in numbers of mentally and physically handicapped children enrolled in special education programs. The year was also significant because it represented the high point of a three year cycle of *financial problems* in state reimbursement.

The attempts to bring this financial crisis to the attention of the General Assembly from 1961 to 1969 were spelled out in some detail.

Progress and problems were described. Tremendous strides were made in interpreting the need for the services and the money to the 1965 General Assembly and a million and a half dollars of additional funds was granted. A total legislative package almost passed in the 1967 General Assembly after a series of "hair raising" experiences which included tremendous work on the part of Representative Spanagel, Mr. Brinegar of the State Department of Public Instruction, Owen Wemhoff of the Indiana Association for the Retarded, and the Indiana Congress of Parents and Teachers. Time ran out, but the groundwork was laid.

The Legislative Study Committee was set up in the closing hours of the Assembly and this was to be the bridge to the future.

Charles E. Bosma, Senator, Indiana General Assembly

Diversified opinion and behaviors are hard to predict.

The following are important factors in achieving favorable results:

1. Legislative study committee.
2. Dedicated and concerned sponsors assigned to various bills.
3. Pushing of groups concerned about the handicapped.
4. Favorable climate within the public itself to make them more receptive on problems concerning their fellow man.

The 1967 Legislature realized the handicapped had many needs and came up with the Legislative



Study Committee. In most instances sponsors were on the Study Committee. It is not hard to communicate with a fellow legislator when you know he is genuinely interested in the handicapped.

Persistent pushing of lobbyists of handicapped-oriented organizations, kept us moving with their "prods."

We need concern on the part of the public to recognize the responsibility they have to alleviate the hardships of their fellow men. The attitude of the state had to be reflected in the voting of the legislature. The past legislature had a heart. Their compassion was reflected in the action they took. I am particularly pleased so many of us were working together when it happened.

*Bernard Konrady, Senator,  
Indiana General Assembly*

As a parent of a handicapped child I learned about the inadequate schooling available for these children. I catalogued into specific areas the legislation for the handicapped of our 49 states and compared this with the offering in our state. Illinois appropriated 47 million dollars, Michigan 29 million and Indiana 7 million. I visited Eastern schools since none was available in the midwest.

I sponsored the Mandatory Legislation Act. The Legislative Committee stated that the state should make every effort to assure that the program is developed with the following thoughts in mind:

1. A mechanism by which every handicapped child in Indiana can be identified and located.
2. Establishment of a state registry containing the names and locations, nature of disability of all such individuals.
3. A system and procedure by which individuals are assured of proper diagnosis, evaluation and referral to services.
4. Strengthen the programs of schools and existing agencies and institutions so that they may more effectively serve children.
5. Finally, a special institution and/or program developed and operated to provide services for those children.

The committee was concerned with all handicapped individuals but more especially, children and particularly those for whom nothing was available—those that were multiply handicapped.

The program for education developed for the handicapped was the result of a mandate by the 1967 General Assembly. The Study Committee came up with a program of legislation to present to the 1969 General Assembly. I feel certain that if more time had been allotted more of this legislation would have secured passage. Perhaps we

could have persuaded the Governor to supply us with funds for the bills that required financing. A number of bills on the handicapped were lost because of the funding necessary and the Governor's insistence on an economy program.

S. B. 160 dealing with health and accident insurance for the handicapped children age 19 and over was almost lost because the bill read: "Be it resolved" rather than "Be it enacted."

*Mrs. Ilene Younger, Administrative Assistant,  
Indiana Association for Retarded Children*

"Why It Happened" could be summed up in two words—Motivation and Cooperation.

The motivation was provided by the package of good legislation which had been recommended by the Legislative Study Committee to Study the Needs of the Multiply Handicapped. We knew that if this legislation passed that it would mean a real breakthrough for the retarded and multiply handicapped in Indiana.

For the first time there was a spirit of cooperation among many organizations and agencies. In the 1957 General Assembly, the voice of the Indiana Association for Retarded Children was about the only one heard in the legislative halls concerning legislation for the handicapped. Each session since 1957 we have seen a tremendous change in the legislative climate toward the handicapped from both the legislators and organizations having a related interest. As many more groups began taking a more active role, we soon discovered we needed to coordinate our efforts. We all needed to have the same set of facts and figures when talking to the legislators.

Prior to the 1969 General Assembly the Citizens Council for the Handicapped was formed. For the first time all groups concerned had the same set of facts and figures to use when talking about the various pieces of legislation. Although we worked as a team in the State House, each organization set up its own communication network with its members for grassroot support. The Indiana Association for Retarded Children sent out weekly bulletins on the status of bills and local action needed. When we needed immediate action we made phone calls to key people to set the communication network into action for a response with letters or telegrams.

Legislative action must be an ongoing program. It cannot be effective if we concentrate effort in this direction for only three months every two years and then forget about it until the next session. Even now there is work to be done—reviewing legislation that did not pass and following up



on legislation that did pass to be sure that plans are moving forward to implement it. I see the role of the Citizens Council for the Handicapped as a permanent legislative study group to review, research and recommend legislative proposals.

With motivation and cooperation, legislation for the handicapped will happen.

*R. Leslie Brinegar, Director,  
Division of Special Education*

I hope in your discussion groups you can consider and recommend ways and means for the implementation of House Bill 1151. How many multiply handicapped children do we really have? We must have this information before the people of the state, so that will be willing to allocate the enormous amounts of money necessary to help solve the problems of our handicapped people.

Senate Bill 50 requires the development of a plan for diagnosis and evaluation services for the handicapped. It is frequently said that we are diagnosed to death but provide no services. However, diagnostic services that meet the needs of the people should be available. Special education has been a little neglected. We need a lot of help if we are going to do the job we say we will be doing in 1973. We must help schools to know what they will have to tackle. We will have to outline a system whereby every handicapped child may have services provided on a free basis. If it takes \$3,000 to educate a handicapped child then we must spend the \$3,000. If a handicapped child can make it in a community then they should be educated there.

## **SPLINTER GROUP A**

Moderator: Lon C. Woods

H. B. 1071

### **I. Fulfilling Manpower Needs**

#### **A. Develop systems of recruitment for**

1. Inner-city school systems.
2. Rural and small community school systems.
3. High school students.
4. Regular classroom teachers.

#### **B. Suggested procedures of recruitment.**

1. Make available student teaching assignments all over the state and broaden student teaching opportunities through use of more critic teachers.
2. Career conferences at the local level.
3. Make special education more attractive as a profession.

4. Create awareness in college students of availability of opportunities in special education.
5. Incentive pay.
6. Compensation for expenses incurred in pursuit of certification.
7. Clarification of responsibility (state or local) for teachers' compensation.
8. Utilization of model provided by the nursing professional via hierarchy of professional services personnel.

### **II. Preparing Comprehensive Plan for Implementing Mandatory Legislation**

#### **A. Develop systems of public awareness and communication.**

1. Formulate a local advisory council.
2. Utilize available local professional resources, i.e., doctors, nurses, social workers, etc.

#### **B. Conduct sub-regional conferences.**

#### **C. Develop sequential steps for phasing into total comprehensive programming for the handicapped.**

1. Analyze existing services to determine how they might be more fully utilized.
2. Determine extent of unmet needs from analysis.
3. Develop local priorities.
4. Determine areas of exceptionalities which require joint programming.

#### **D. Problems encountered in local comprehensive planning.**

1. Lack of understanding of total of special education program needs.
2. Duplication of effort.
3. Lack of adequate diagnostic services.
4. Lack of adequate monies.
5. Lack of physical facilities.

#### **E. Who should comprise the Local Advisory Committee.**

1. School officials who have gone through school reorganization.
2. Local directors of special education when available.
3. Representatives from public and private agencies.
4. Parents of handicapped children.

#### **F. Develop lines of communication between schools and state institutions to determine respective roles.**

#### **G. Enforcement of the school exclusion law.**

### **III. Need for Model Programs**

#### **A. Preschool programs and all other areas of exceptionality.**



B. Alternate programming procedures for sparsely populated areas of the state where comprehensive programming is more difficult to implement.

1. Consider recommendation for flexible programming.

C. Models for more recently recognized exceptionality areas (specific learning disabilities, trainable mentally retarded, emotionally disturbed).

D. More specific definition of each exceptionality area.

IV. Meaning of phrase "free public school education" needs to be further explored.

Recommendation: Identify all handicapped children (number and type), either locally or jointly (presently, 1/3 of Indiana handicapped *not* receiving necessary services—plus there are 2500 school-age children, *known* to the public schools, not receiving educational services). Perhaps there should be a state advisory committee to *notify* the individual school corporations officially of the requirement in H. B. 1071, *Section 2* regarding submission of a comprehensive plan (the local advisory council would greatly aid the school corporation here); the State should notify each school corporation by 9/1/69, for adequate "forewarning." The most important thing is that the Attorney General should *interpret* the clause in Section 1, line 7, regarding "one or more. . . ." The plan itself includes *all*, but the wording is vague and allows for loopholes in interpretation by reluctant school corporations!

H. B. 1191

I. Neutralizing Effects of Bill Failure

A. Financial assistance at local level.

1. Compensation to teachers returning to school.

2. Promote more scholarships from local service groups.

B. Make special education more appealing to prospective teachers.

C. Expansion of use of paraprofessionals to alleviate burden of need for professionals.

Recommendation: The group recognized merits of H. B. 1191 and recommended an analysis of the bill be made to determine its weaknesses, if any, before re-introducing it to the 1971 General Assembly.

## SPLINTER GROUPS B AND E

Moderators: Charles Sessler  
Curt Dollins

H. B. 1071

Throughout the deliberations the combined groups B and E expressed definite concern for definitions of policy in the administration of this law, since its effect will be determined by the judgment of a council, all of whose members are to be appointed by the Superintendent of Public Instruction. The hope was expressed that the appointments include specialists in the various areas of handicapped, because of their specific knowledge of the needs and problems in their respective areas, administrators with practical experience in the development of educational programs, because of their more general knowledge; and that resource consultants be available as advisory personnel, because such a council cannot be conversant in all areas of exceptionality. Some members of the group were dismayed that the law requires all schools to provide services whether they are ready or not. In view of the financial predicament of a number of districts, personnel shortages, and the need for special facilities, equipment and materials, a possible deleterious effect on existing programs both regular and special was postulated as a result of new programs too hastily conceived.

It was felt that the quality of services might well suffer if the letter of the law is met and the intent ignored through setting inferior standards in the selection of personnel, resulting in inadequate teaching and supervision and, ultimately, unsatisfactory educational achievement of the children. To forestall these unhappy possibilities it was recommended that the Commission for the Handicapped address itself to the problems of certification of personnel in the Department of Public Instruction with the hope of effectuating some revision of certification requirements for professionals and also for paraprofessionals.

It was stated that present requirements are unrealistic in failing to provide for the broad training needed by teachers who will deal with children who have various handicaps or several handicaps. Also, student teaching needs to be broadened to include background experience with children variously handicapped or multiply handicapped. Present certification policies seem to favor teachers who obtain their training outside the State of Indiana through reciprocity, while Indiana requirements set for graduates of the state colleges are more restrictive and in some cases seemingly arbitrary.



trary. There is a need to examine the possibility of including paraprofessionals (teaching aides) in the special education programs and a change in regulations seems advisable to afford such assistants, status within the educational hierarchy.

With respect to special facilities for certain programs the specifications are most important. The orthopedically handicapped need attention to architectural barriers, the partially sighted require special attention to lighting and the acoustically handicapped benefit from sound treatment of the classroom as well as an engineered system of amplification. Such matters deserve attention in planning and evaluating the adequacy of a program.

The Commission for the Handicapped might also call the attention of the Council to problems presented by the pupils to be benefited. Certain types of handicapped children are especially neglected in the present educational structure. The partially sighted and hard of hearing, for example, are more neglected than the blind and deaf, yet are perhaps easier to program for. There are also reasonable restrictions that should be applied to the numbers of children in certain classes, both with respect to a maximum and a minimum number for an adequately graded program. Of course, certain unusual and multiple handicaps will present impossible problems for a program organized on any basis, and a policy is needed with respect to them.

The question of diagnostic and evaluative services received special attention in groups B and E. University people were concerned with the qualifications of diagnosticians and the possibility that available diagnostic personnel would not be fully utilized. Evidently, there are problems in the certification of diagnostic personnel and the standardization of criteria for the selection of cases which need attention. It was recommended that the Council avail itself of consultation in establishing these qualifications. It was stated that most screening of cases could be accomplished locally, but that referral for final diagnosis and opinion would be indicated for most candidates for special classes.

#### H. B. 1217 and H. B. 1191

It was suggested that inservice growth and development of staff would be a worthy subject of investigation for both the Commission and for the Council administering state H. B. 1071. There seemed to be a consensus that such inservice training should be provided on the site of the special programs for the handicapped. Courses which are

needed by teachers in special education are difficult to organize because of the low enrollment, which they attract, and the problem is aggravated through the failure of H. B. 1217 (providing for assistance to universities for these unprofitable classes). But the group felt that the services should be offered — if necessary — under Department of Public Instruction funds. It was recommended that H. B. 1217 be combined with H. B. 1191 (student loans) and resubmitted in the next legislature as a combined package. Such an arrangement would conceivably benefit the universities, the students, and also the educational profession in recruiting young teachers and students into special education. A special problem does seem to exist, however, in that certification requirements for qualification of teachers at the bachelor's level need to be re-examined and that most teachers qualify for certification in the masters degree programs after they are already in the field of special education.

#### H. B. 1192

Concern was expressed that the administration of H. B. 1192 would be in the hands of the General Commission on Education and that there might be problems resulting from lack of coordination of services with the Council which administers H. B. 1071. It was hoped that the Commission would devote first consideration to the full utilization of existing public facilities for the handicapped in Indiana before investigating new facilities either in or outside the state. Otherwise, a duplication of state supported programs might come about through contracting for similar services from private institutions. It was recommended that a liaison between the two bodies be effected and that a policy concerning the types of handicaps to be served under each law be established.

#### H. B. 1151

The group was overwhelmed with the enormity of the project facing the Health Commissioner in developing a registry of handicapped individuals and the fact that no money was appropriated for its organization and operation. It was estimated that half a million cases reside in the state and that at least sixty thousand dollars are needed just to prepare the registration data for the computer. It was suggested that funds might be found in federal grants or private foundations to begin this project. Since this is a specialized undertaking in itself, it was further suggested that a committee be formed to assist in writing a federal grant proposal and in eliciting cooperation from state organizations. The



Commission might assist in reviewing present programs already funded, with the view of borrowing services from these programs and of influencing organizations with grant proposals now in the planning stage to include an item for gathering and reporting data on handicapped individuals. The view was expressed that Indiana agencies should cooperate by processing their data before submission to the Department of Health. A form for reporting the information would need to be worked out before the project is undertaken. Since the problems of a registry are interdisciplinary, the Commission for the Handicapped with its inter-agency membership might assist in liaison with the professional organizations involved, specifically the medical and hospital associations. It was thought that a beginning on the registry could be made through utilizing the resources of agencies currently providing services where the data reposes in agency files. The program could be expanded to reach other sources of information as it grows. In any event, an appropriation by amendment to H. B. 1151 was recommended for consideration in the next legislature.

#### Bills That Failed

Two bills that failed in passage during the last session of the legislature received consideration in the discussion. It was suggested that H. B. 1191 and H. B. 1217, as previously mentioned, should be combined and resubmitted. This would allow the universities to contribute consultative and advisory services where needed and could conceivably extend the opportunities for inservice training of teachers through provision for on-site training courses and special inducements such as released time and tuition for on-campus work. Senate Bill 52 which provided for demonstration projects with the multiply handicapped also received the attention of groups B and E. It was noted that the purpose of this bill could be partially accomplished if information now available on the various federal programs in the state might be collated, published and utilized to provide direction for other state and federal grant projects. There is also a need to disseminate the information gained from the application of innovative techniques, methods, and materials for the benefit of the larger professional communities involved and also to provide a basis for support of legislation to develop and to improve programs in special education for the multiply handicapped.

## SPLINTER GROUP C

Moderator: Durward A. Hutchinson

During our initial session the entire package of 16 bills was scanned with emphasis on the nine which were passed.

Concern was expressed as to where the line might be drawn for those deemed severely handicapped.

The recruitment of the teachers necessary for the proposed programs was discussed with optimism expressed if we could begin the process by involving present teaching staffs with the children covered by this legislation. We caution that it should be a gradual involvement allowing time for staffs to gain some confidence.

We would recommend that the Commission might consider support of legislation authorizing abortion and/or sterilization for profoundly mentally handicapped or those with familial defects, especially on a voluntary basis.

Beginning the second session, we were assigned Senate Bills 53, 54, 55 and 56.

#### S. B. 53

We agreed that the law is badly needed. The question was raised as to who was expected to decide on the competency of the recipient to handle his funds.

Inasmuch as welfare departments would undoubtedly be most closely involved with individual recipients, it was suggested that all of their employees be fully informed regarding this piece of legislation and if they are to be charged in any way with determining the competence of recipients, they should be furnished with guidelines.

S. B. 56—Passed both houses;  
vetoed by the Governor

The feeling of the group supported the need for this particular legislation. Education of the general public for its need should be stressed for the next two years. We recommend that this bill be presented to the next legislature with possibly more emphasis on the term "disabled" and play down the term "welfare." It might be helpful to find out if possible Governor Whitcomb's reasons for vetoing present bill, particularly if there is any factor in this besides the cost factor.

#### S. B. 54

It is our feeling that the care and treatment program for crippled children would be more equitable if it can be operated on a more unified state level. It is possible that the bill might be made



more palatable to the next legislature by pointing out the present inequities existing in the various counties. Crippled children can be penalized through the inadequacy of care they receive because of individual county rules. We would suggest that all 92 county departments of welfare be polled with regard to their present programs and their reaction to the implications of this bill. The general public needs to be better informed of the need and purpose of this legislation.

#### S. B. 55

While recognizing the fact that there is a definite segment of our population between the ages of 16 and 18 who are denied possible assistance, we are unable to suggest any possible interim solutions prior to future legislation. During the next two years the extent of this need and urgency to meet these needs should be brought before the general public and support sought for the next legislature.

### SPLINTER GROUP D

Moderator: Jim Clifford

#### H. B. 1151

It was suggested that we set up reporting by regions. This would enable the resource people in the region to maintain a more up-to-date record.

#### H. B. 1187

Provides concept for payment on formula basis ratioed. This hinges on results of H. B. 1151. Need is determined by handicapped registered.

Reasons bill passed:

1. Coordinated efforts of various agencies as lobbyists.
2. Broadened interest of various agencies.
3. Public and legislature better informed.
4. Concept of rights of all children to receive training.

#### H. B. 1192

Provides tuition for special education in-state and out-of-state. This, too, is determined by need and local or area facility.

1. Student may go anywhere for special education. Funded by state.
2. State Board must implement this with rules and regulations.
3. Law not specific on types of children to be served.
4. Homebound teacher often not the answer to special handicaps.

5. State picks up tab above the local cost. Private schools may now be paid.
6. Bill needs budget in 1971.

*Comment:* The entire program depends on education of the public. There needs to be a good guideline set up defining the programs and determining those who are eligible. There also needs to be a greater sharing among the existing organizations serving the handicapped.

#### Bills That Did Not Pass

#### S. B. 54

Reasons Bill Failed to Pass:

1. Lack of understanding.
2. Austerity program in state at the present time.

*Comment:* Here again we see the need for better information regarding the need and a plan for funding. Now is the time to start work on the next General Assembly, at least in the planning stage.

Recommendations:

That regional councils for the handicapped be established. These regions might parallel the existing statewide "Hill-Burton" regions. This process would facilitate the collection of data in reference to House Bill 1151 and form a basis for implementation of many of the other bills. It also would allow for better interagency cooperation particularly in cases involving the multiply handicapped.

### SPLINTER GROUP F

Moderator: Freeman Ketron

#### S. B. 50 and 52

It is the feeling of this group that we may be repeating problems, solutions, and concerns of the Commission members. It is the hope that in our deliberations we will have made some little contribution to the Commission study by enforcing what it has done or by making some suggestions that might be explored further on implementing the intent of the new law.

We felt that it would be presumptuous on our part to attempt interpretation of "what happened" and "why it happened" after the discussions of the Plenary Sessions. These were sophisticated people who were present as lobbyists and legislators at the passage or demise of these bills. We felt their message was adequate.

The group felt that, in these instances, much of



the effectiveness has been lost due to the inadequate funding in these bills.

The group felt there exists a need for a coordinated effort among all agencies serving the handicapped in order to provide more and better services.

There appears to be a general lack of awareness on the part of the professional and lay persons about available facilities and services which legislation can in part correct.

#### S. B. 50

1. The Comprehensive State Plan which has been funded and is now in the process of completion and study must be finalized. It is felt by the group that Senate Bill 50 could not properly be implemented until the work of the assigned staff is completed.
2. The Commission, in its planning, should be aware of federal laws, federal funding, state and federal matching funds, grant programs, and other areas that may be related to the intent and purpose of Senate Bill 50.
3. This Commission should investigate rather broadly the possibility of involving other agencies in this study as outlined in Senate Bill 50. The Commission should make use of other studies and surveys completed which possibly were not considered in the Comprehensive State Plan.
4. Due to present funding regulations, both state and federal, timing is of the utmost importance. Programs will be delayed or eliminated if present information revealed in the Comprehensive Plan is not correlated with other available studies.
5. Public Health funds and others should be used to implement the appropriation in this bill.
6. If possible, moderators, recorders and reporters should be involved in editing the published report of the Conference.
7. Group members feel a need for the establishment of guidelines on a statewide basis, to determine priorities and regulations and that Senate Bill 50 should be implemented in this direction.

#### S. B. 52

It was the feeling of the group that the measure of effectiveness of this bill could not be established because:

1. Inadequate funding.
2. Vague in direction and implementation.

3. Since it seemingly was an emergency interim bill, the purpose is now lost because of the two-year lapse of the legislative sessions.
4. Even so, there are qualities in the bill which should be restudied by the study commission prior to July 1, 1970, based upon the State Comprehensive Plan.

### SPLINTER GROUP G

Moderator: Mary McGimpsey

Discussed four bills,  
one of which failed

Coordination of legislative study—Highly recommend Legislative Council to recreate study committee to review bills that failed and possible new legislation.

#### S. B. 53

Court's definition of good moral character—possible abuse. Questioning about handling of money. The intervals between financial reports too lengthy—two years. Will responsible person be a substitute for guardianship? No limitation on the number of clients one person may have.

How much investigation by the court and how lengthy will the process be? There was some concern over the courts being bogged down and causing delay in naming responsible person.

Where is the line between need for responsible person and need for guardian? Caution should be exercised in the application—appointment by welfare department possible alternative? Determination of inability to handle finances needs to be in court—this could cause much trouble.

Court could require more frequent reporting and Commission could so recommend to the court.

#### H. B. 1151

Definition of the handicapped—work with hospitals, voluntary agencies involved, and doctors in developing a uniform definition and making system workable. Local health department could funnel information into State Board of Health. Stress importance of developing of form and testing form. Should work with the people who will be reporting.

Other voluntary organizations and agencies not required to report could be encouraged to report voluntarily.

Stimulate community to activate county health departments and health nurses. Board of Health should urge counties to strengthen county health departments as contact point for reporting system.



#### H. B. 1191 (correlates to 1071)

Incorporate specialized social workers in loan program (those who work with the handicapped).

Scholarship commission opposed bill. What was the reason for their opposition? Where are the funds going? Lack of recognition of need for this training.

Forgiveness clause for loan programs is higher than other programs—should be one year service for one year loan.

Problem of person going into army immediately upon graduation.

Why limit to junior class and up—lack of knowledge of goals at lower levels is the problem of 5-year program. All feel it is important for further consideration that out-of-state training should be paid if none available in Indiana. Re-incorporate lines 12-23, pages 1 and 2 and delete lines 24 through 29 on page 2.

#### H. B. 1071

The group was concerned and would like to have an attorney general's opinion of Section 1, 5th line—

“until July 1, 1973 and shall thereafter, subject to any limitation hereinafter specified, establish and maintain such special educational facilities as may be needed for one or more of the types of handicapped children, including the multiple handicapped, defined in Section 1 of this act.”

Question arose: Could a school system find a loophole so that they would not be required to provide special education—Attorney General should clarify this.

What about one handicapped person within county area? One solution to this particular problem—get a number of people with similar problems throughout the state. Define a facility for them or expand existing facilities to take care of these people. Or, would it be more feasible to provide one facility for several counties if the need exists?

To set up residential facilities—Should dormitories be set up and remove children from their home? Would this be beneficial to the children? Or, should the children be left in the home as there are no facilities to handle educational problems, and homebound programs be provided?

Children should be grouped appropriately wherever possible. There is need to cope with situation of scarcity of handicapped children and the multiple handicapped in the area.

Encourage Department of Public Instruction to create Advisory Council, as soon as possible, to lay some of the groundwork.

Need to work with the existing school facilities to make them easily accessible for handicapped. This is referring to the construction of the buildings—stairs, narrow doorways, lavatory equipment, etc.

### SPLINTER GROUP H

Moderator: Larry Hartlage

#### H. B. 1191

Group felt that the bill was too limited.

Doesn't include institutions other than schools; rephrase to read “to work in special programs for the handicapped.”

Include state supported facilities (to include state support in whole or in part).

#### S. B. 49

Would require additional staff on Governor's Commission. No more Commission members.

Include perhaps three people three months of the year—July, August and September to help review and digest program and budgets.

Perhaps department heads should be present when their budgets are being considered.

#### H. B. 1151

This is a law without substance—no sanction mentioned. If people do not want to comply with it, there is no penalty.

Appropriate recommendations—State Board of Health—definition—type of form to be used—Narrative type.

If an objective system should be set up, what would be the appropriate ranges of distribution?

Change emphasis to develop alternate service plans to meet such needs as are necessary; i.e., emphasize service plans rather than buildings.

Plans for facilities ought to wait until needs have been identified.

*How notified*—Perhaps work through head of state medical association for promulgation of this law.

1. Also via administrators of hospitals to notify their medical staff.
2. Perhaps require administrators of hospitals to report those cases seen at their hospitals.

#### *Identifying information*

1. Would require release of information permission from parent or guardian or responsible party.
2. Without identifying information, the same person might be reported several times.



3. Resistance likely if confidentiality of patient is violated.

#### Contradiction

Between first sentence in Section 1 (identifying individuals) and

Section 3 (identifying *conditions*): Make it unclear what is to be reported.

Appropriate rules and regulations relevant to this act should be developed and promulgated by the State Board of Health.

Must define handicapped so that questions as, "Would someone emotionally depressed to the point of requiring outpatient treatment be considered handicapped?" can be answered.

Reporting might involve overlap if confined to *conditions*.

i.e., a given handicapped individual might be reported by both the referring physician and the treating institution.

*Forms*—Long narrative forms permit error in computer.

Short check list diagnostic forms more accurate with computer translation, but require more effort on part of reporter. What "classificatory schema" should be used? How may individuals with multiple-handicaps be classified?

Perhaps World Health Organization classification would provide greatest possibility. May require an extended lecture tour of local medical groups.

#### Recommendations

S. B. 49. The additional staff suggested on the Governor's Commission would be for the 3-4 month period after Department Heads submitted budgets, for the purpose of assembling the data and helping collate the diverse requests into a meaningful package to give to Commission members.

Heads of some departments are already on the Commission. Give those not on Commission the opportunity (for equal representation) to explain and perhaps clarify or justify budget requests.

## SPLINTER GROUP I

Moderator: Werner Kuhn

H. B. 1151

Possibility of utilizing a central agency now available.

1. State Board of Health
2. Commission for the Handicapped

3. Division of Vocational Rehabilitation
4. Department of Mental Health
5. Department of Public Welfare

Report not only who is handicapped but also what services, if any, the handicapped individual is now receiving.

#### S. B. 49—Budget Review

Notify all agencies involved — Commission should make available a *directory* of services to the handicapped. This would not only help make services available but also provide list of agencies which plan budgets for handicapped.

#### S. B. 50—Diagnostic and Evaluation Services

Recommendations to Commission for implementation of law.

Plan for diagnostic and evaluative services.

Places that are now or will be available in near future.

- I. Development of a roster of voluntary agencies for contact between such agencies and the Commission.
- II. Establish an Interagency Council for maintaining effective communications with the Commission for the Handicapped.
- III. Directory (to be supplied by the Commission) of the local facilities available, beginning possibly with local M.D.
- IV. Education of local county medical associations and other professional organizations of services that are available.
- V. Reporting by individuals, schools, Department of Vocational Rehabilitation, Department of Public Welfare, and county boards of health to the Commission as to what services are available, also what they are receiving or not receiving.
- VI. Coordinate services at county level—through Department of Public Welfare or county boards of health or other to develop referral procedures, etc., to appropriate service agencies.

Commission might administer or support these directly or through regional or zonal offices.

#### S. B. 51—Facility

Commission should consider the use of other facilities in the state which could serve to meet the needs of the multiple handicapped. (Might be necessary to segregate.)



## H. B. 1191—Scholarships

1. Look into other scholarship programs particularly mental health and other aspects of Manpower problems. Also begin to look at teacher training institutions.
2. Look at programs for mental health technicians (2 year associate) developed at Purdue, Fort Wayne. Can these graduates be utilized in Special Education programs if supervised by a professional?
3. Should specialized two-year associate programs similar to above be developed in Special Education?
4. State Universities should develop Special Education programs at regional centers which are close to the schools and other facilities which would employ their graduates.
5. Should Special Education training programs be revised to make them more relevant to service?

Recommendations: Department of Mental Health Hospitals should be considered as facilities to serve the needs of the handicapped.

## The Commission Preliminary Report

MERRILL C. BEYERL, Ph.D., *Vice-President*  
Ball State University, Muncie

**I** HOPE we will carry home a feeling of accomplishment from the things we have heard in the last three days.

I was told that at the first Commission meeting many private agency representatives and the Commission received suggestions. As time went on the suggestions faded away as did the attendance to the conference. The Commission has had difficulties. Last year when the chairman resigned, and about 10 to 12 members still were not reappointed, there was no leadership, and a general feeling of despair prevailed. This fall, after new members were duly appointed to the Commission for the Handicapped, the Commission decided to reorganize through a two-day workshop. We became better acquainted with Dr. Kirtley, our new chairman, and each person on the Commission contributed clarification of our goals and missions. At the end of the workshop we felt that we were ready to meet the public again and provide leadership.

I will make no effort to "summarize" 31½ hours of committee summaries in this conference. Our plan at the present time is to try to get the group

reports together, mimeographed and distributed to each member of the conference. We hope this will carry a second level of dialogue—so if you are really concerned about something, please correct the report when you receive it in the mail. We don't guarantee we can do everything you want us to do, but we may be able to give you a rationale of why we cannot. We ask that you will respond. In time, you will receive a finished report of the proceedings of this conference, which is another way we can talk to you. We are excited and we are staggered when we think you have given us 31½ hours of suggestions.

The bills under discussion this morning are Senate Bills Nos. 51, 50, 52, 53. House Bills 1071, 1151, 1191.

Under first discussion was Senate Bill 51 (Senatory Konrady's bill).

"A bill for an act directing the state commission for the handicapped to develop a plan for establishment of a special facility or alternate service plan for the multiple handicapped, and making an appropriation."

I would like to summarize a few ideas that we picked up in the groups on Bill No. 51. I think a good deal of the time was spent in talking about the concept of "Identity of some of the organizations in our state and how the Commission can assist agencies to grow strong, to work with one another and still get a coordinated, concerted effort." A summary of my own opinions is as follows:

A first step is to inform the public of our intention of coordination. Prior to any kind of evaluation program is the need to inform the public regarding the handicapped as the public is not too well informed regarding the kinds and frequency of handicaps in the state. After this is accomplished the question arises—how do you get the agencies to pull together in a positive rehabilitation without destroying the identity of the agencies.

Dr. Sheeley brought out that we need organizations, but agencies are concerned with themselves and not with their reason for existence. He said whatever plans we have, whatever concerns we have, we must always keep in mind—the primary concern must be for the handicapped. We get lost in bureaucratic problems, but we have to make every community resource available to us and use it to its maximum potential.

A general discussion from the audience ensued. Dr. Sheeley stated that the good ideas that came through from the 31½ hours of meeting were



marvelous, and that this conference has a great deal of aggregate wisdom.

*Dr. Beyerl*—Even though the bill was vetoed—it was felt attempts should be made to strengthen this bill. The discussion primarily centered on Section 3.

*Dr. Sheeley*—Although the bill was vetoed, it still does not mean we cannot go ahead with our own resources.

*Mr. Larsen*—Is it necessary to create new programs or to utilize agencies we do have?

*Dr. Beyerl*—We must give reassurance to the existing agencies, to be sure.

*Dr. Yoho*—Dr. Sheeley's and Mr. Larsen's points were well taken—again going back to the plan—the whole thing involves what we have and what we are doing. If we can get a good start even in the area of resources, then we continue to move in this direction. This basically was the intent to get to know more about the needs of the handicapped and the resources available.

*Senator Konrady*—Bill 51 was a companion bill to the others. We ought to think very carefully before additional facilities are added. I would think that one other thing was brought out—we should involve all agencies and groups, all comprehensive groups and plans.

*Dr. Beyerl*—To have a sound plan we must discover the obstacles that may be encountered as we implement the plan. Do not hide the obstacles, but include in the planning a way of dealing with those obstacles. Are we too optimistic? I would suggest that you give us your doubts and questions. It should help us to analyze and discover a positive approach.

*Example*—We got a new elephant in the zoo—The Citizens Council . . . it has done a good job but by the same token many of the groups have inferred or stated directly that if we have wisdom at all we should set up guidelines for the Citizens Council if it is to maintain itself and the Commission in a positive sense. How do we do this? I feel positively toward them. We should and we want to encourage them.

*Bill 50 came home*—Thanks Senator (He was addressing himself to Senator Konrady in the audience.) "An Act directing the state commission for the handicapped to develop a plan for diagnostic and evaluative services for the handicapped of this state and making an appropriation."

#### *Senate Bill No. 52*

"A Bill for an act directing the state board of health to conduct demonstrations and studies for

the purpose of gathering information for use in developing programs and services for the multiple handicapped, and making an appropriation."

*Senator Konrady*—The bill asks for \$500,000 appropriation. How did you arrive at this "price tag."

*Dr. Beyerl*—I would say that it was the best estimate that came out of the committees that studied this matter. We need to spend more time in evaluating this figure.

A general discussion ensued regarding using existing facilities or using present facilities. Dr. Beyerl summed it up by saying that before you build a new building, check to see if the existing building can be remodeled. Look at what you have already and see what can be done.

A Member of the audience—spoke up regarding the austerity program in effect and that it is taking its toll, already, in morale, and affecting services—I wonder if this is going to be a concern of the Commission.

*Dr. Sheeley*—We will have to recognize this and realize the limitations and work within the limitations; however, any good plan allows for contingencies.

#### *Senate Enrolled Act No. 53*

##### *Legally Responsible Persons*

Discussion centered around what is a legally responsible person.

*Dr. Sheeley*—Generally, the feeling is that this will be a useful bill to help handicapped persons get back in the swim—because mentally handicapped can't always take complete care of themselves. However, there is concern that there will be an abuse of the provisions in the law whereby a person receives \$10 for every person they are responsible for. If you assemble a little stable of about 20 people, it adds up. We must keep watching out of the corner of our eye to see that this is not abused.

We must also of necessity give some thought to who is going to decide who is unable to tend someone's affairs. This is a judicial decision of course, but it is a danger area.

#### *House Enrolled Act No. 1071*

"An Act to amend an act concerning the education of handicapped children by including the multiple handicapped; providing that schools shall be required to provide appropriate educational services for all handicapped children after September 1, 1973; requiring comprehensive plans for such services; creating a state advisory council and making appropriation."



The feeling of the audience and the moderators was that this was no small bill and that some of the wording should or needed to be changed and that it has great ramifications for education, etc.; also that we ought to start right now instead of waiting until 1973 before starting an advisory council; also there has to be a public awareness from school superintendents, education of parents, teachers, etc.

*Dr. Sheeley*—How are we going to staff our special education programs in rural areas or other areas that might not have as much glamour as some of the chromium plated parts of the state? Student teaching experience can be utilized.

The question was brought up of how to make special education a considered profession by students; someone said offer an incentive pay—such as “flight pay” in the services. Dr. Beyerl said possibly we could plug into the Ft. Wayne-Purdue program—geared into having professional people do the job.

A concern was expressed by a gentleman in the audience regarding the wording “the intent of the law is” and wondering if some ultra conservative superintendent “down on the farm” takes exception to the words “one or more” of the types of handicaps. He was afraid this will cause a problem.

*Miss Anna Parker*—There is enough jealousy among the colleagues. Incentive pay for the special education teacher would be another aggravating factor.

#### *Bill 1191—Regarding Scholarships*

Real concern was expressed concerning people entering the field—we want to make sure we are not buying people for a free ride—rather than concern for people who are handicapped.

*Dr. Beyerl*—There should be an enlargement of this bill to include various types of people.

A discussion followed with the real concern of all for professional people to staff these programs, such as physical therapists, etc.

*Mr. Larsen*—Indiana is training them but they are not staying in Indiana.

#### *House Enrolled Act No. 1151*

“An Act creating a system of reporting handicaps and handicapping conditions to the State Board of Health and directing the State Commission for the Handicapped to compile and distribute the information; and repealing certain law.

There was a lively discussion on this topic as to whether we are “talking about coding people or handicaps” and how about the privacy? Are we

invading the privacy—maybe they don’t want to be listed in the blue book.

*Dr. Sheeley*—On the one hand you might say the whole guts—the point of departure—for any intelligent plan to deal with the handicapped is contained in the questions Who are they? What kind of handicaps are they? How many are they? Where are they? Unless you come up with the answers, nothing useful can be accomplished.

It may be good to identify each handicapped person so that he won’t get lost in the shuffle. All agencies are used to “the shopper,” who goes from one agency to another. Even the shopper has a problem. He may be a nuisance to the agency, but the agency must see that the shopper has a problem; however, if he is identified, and agencies inform one another of him, then each agency knows it is talking about the same person as the others.

A person in the audience stated that there is a law in Indiana that states each blind person must be reported or registered, but how do we do this?

Question—How do we keep the list current?

*Dr. Beyerl*—We are going to have some task forces.

*Anna Parker*—You have hit on the problem—some of the people do not want to be identified as a handicapped. I think some agencies have been to blame and you have hit on the problem.

Again, it was discussed that we must work for the handicapped—not the agency. Dr. Beyerl said that we will have people working as a “friend of the handicapped” not the agency.

Mr. Larsen suggested that the Veterans Administration accomplishes a satisfactory way of identification. The handicapped veterans get a deduction on their taxes.

Dr. Beyerl brought to a conclusion his part of the program by saying that the mission he hoped to give to the people: (1) your response was overwhelming, which excited us. We will get the reports to you and you give your response; and (2) I hope you will carry away the feeling that you have been heard and we are trying to hear you, but we cannot carry out every single suggestion, but the morale and dedication of our Commission is the highest it has ever been before, and we assure you we are going to continue. ☆

---

### Public Forum

Appreciation was expressed by a gentleman in the audience toward Dr. Kirtley and toward the Commission—the attitude of this Commission



meeting has been so wonderful from what it was two years ago.

Discussion continued

*Anna Parker*—Train the individuals and put them back into society and how are we going to get employers to give jobs. They have preconceived ideas of what handicaps can't do, rather than what they can do. Where do you go to get a person a job—she cited the story of a blind teacher who cannot get a job.

*Senator Konrady*—In a number of states it was mandatory that all public agencies employ the handicapped—maybe we can use the idea here. (All agreed it was a good idea.)

*Don Miller*—We must consider the potential and capabilities of the handicapped for industries. We should be going into industries and looking at what their needs are, and explain how the handicapped can do the job to their standards, or even better, and say, "I am not coming here to ask you for help, I am coming here to give you help." Try to reach a mutual agreement that hiring the handicapped is good business.

*Senator Konrady*—Brought up the problem of a second injury—this is a deterrent and suggested at the next meeting that we bring in a person to discuss this.

It was brought to the attention of the audience the pamphlet "Management Views the Handicapped."

*Don Miller*—Problems such as these may be sent directly to my office in the Board of Health for review by the Commission. The Commission has set up an itinerary. A meeting is to be held every other month. Next meeting is scheduled for May 7. One is scheduled for July 2, at 1:00 o'clock in the Board of Health. If you would like to have an audience at one of these meetings, please write so that it may be brought to the attention of the members—and placed on the meeting agenda.

*Senator Konrady*—Are all of the meetings held in Indianapolis? Has it ever occurred to the Commission to go to the grass roots to find out what the problems are?

*Don Miller*—Yes.

*Dr. Kirtley*—Closed the session with his final address: Can't express thanks fully enough for the wonderful cooperation you folks have given us. I do ask sincerely that you continue to give us your support, as I know you will, and as long as I am chairman I certainly will

try to do my work with the help of the people who are dedicated. It was good to hear your expressions of good will and we hope it will turn out for the good of the handicapped of this state not for our own personal aggrandizement. We hope we can start making some progress in this direction. ☆

## Legislative Summary

### BILLS PASSED AND SIGNED INTO LAW BY THE GOVERNOR

H.B.-1070 Lowers from age 5 to age 3 the permissive age at which public schools may establish programs and adds multiple handicapped as a category eligible for public education in the schools.

H.B.-1071 Requires appropriate special education classes in the public schools by September 1, 1973 for all handicapped children including the multiple handicapped.

H.B.-1129 Requires school corporations to provide tuition and transportation to neighboring school corporation if special education is not available in home corporation for all handicapped children including the multiple handicapped.

H.B.-1151 Creates a system of reporting handicapped to State Board of Health and directs Commission for the Handicapped to compile and distribute the information.

H.B.-1187 Amends law concerning education of handicapped children by allowing joint school corporation education programs and makes provision for financing.

H.B.-1192 Provides authority for public school corporations and department of public instruction to provide tuition costs to private in or out-of-state schools.

S.B.-49 Provides for review of and a report to the Governor and the budget agency on all programs, budget requests, and proposed legislation concerning rehabilitation of the handicapped by Commission for the Handicapped.

S.B.-50 Directs Commission for the Handicapped to develop a plan for diagnostic and evaluative services to the handicapped.



S.B.-53 Allows appointment of a legally responsible person rather than a guardian to handle public assistance funds for a person physically or mentally incapable of handling such funds.

#### BILLS PASSED BY LEGISLATURE BUT VETOED BY THE GOVERNOR

S.B.-51 Directs Commission for the Handicapped to develop plan for establishment of a special facility or alternate service for the multiple handicapped.

S.B.-56 Increases the maximum monthly payment to disabled persons from \$80 to \$100.

#### BILLS NOT PASSED BY LEGISLATURE

H.B.-1191 To provide student loan program for training professional personnel in special education.

H.B.-1217 Permits superintendent of Public Instruction to contract with universities and colleges for additional training courses for special education personnel.

S.B.-52 Directs State Board of Health to conduct a demonstration project involving the handicapped in order to develop state programs for the treatment and care of multiple handicapped persons.

S.B.-54 Requires state to reimburse counties for 50% of the cost of care and treatment of crippled children.

S.B.-55 Provides public assistance to disabled children under age 18.

---

### ATTENDANCE LIST

#### Governor's Eighth Conference on the Handicapped

Mrs. Patricia Abplanalp  
Elkhart Rehabilitation Center  
702 Williams Street  
Elkhart

Hon. Helen E. Achor  
227 Graceland Avenue  
Anderson

Mrs. Edward Amond  
220 North Liberty Street  
Plymouth

Mildred J. Allgire  
100 N. Senate, Room 702  
Indianapolis

Linda Anderson  
6735 East 52nd Street  
Indianapolis

Janet Arbuckle  
3242 Sutherland Avenue  
Indianapolis

Mrs. Mary Atterbury  
6441½ Oak  
Terre Haute

Leo Baker  
511 Parks Drive  
Rensselaer

Mrs. Laura P. Bartlett  
301 State House  
Indianapolis

Miss Jane Bebb  
222 Miami Terrace  
Mishawaka

Mrs. John Bechtol  
LaFontaine

Mrs. Robert Bennett  
275 Shady Lane  
Wabash

Ray Benson  
1315 West 10th Street  
Indianapolis

Merrill C. Beyerl, Ph.D.  
Ball State University  
Muncie

Gilbert Bliton  
400 Jackson Park Drive  
Seymour

Hon. Charles E. Bosma  
95 South 17th Street  
Beech Grove

Hon. Otis Bowen  
304 North Center Street  
Bremen

Patricia Bowser  
4477 Jackson  
Gary

Hon. W. Calvert Brand  
P. O. Box 111  
Columbus

Leslie Brinegar  
401 State House  
Indianapolis

Nancy Burkhart  
R. R. 1, Box 443  
Camby

Russell R. Byers  
Lexington

James A. Clifford  
3509 McKinnie Avenue  
Fort Wayne

Jennings D. Coen  
P. O. Box 2100  
Anderson

Marty Conner  
Indiana School for the Deaf  
1200 East 42nd Street  
Indianapolis

Norman E. Conrad  
Western Electric Co.  
2525 North Shadeland Avenue  
Indianapolis

Mrs. David Cook  
7043 North Delaware Street  
Indianapolis

Kenneth G. Crowell  
302 Culver Road  
Knox



Leland D. Daugherty 3713 Hohman Avenue Hammond	Charles Fry 3242 Sutherland Avenue Indianapolis	Carolyn Hartley 3242 Sutherland Avenue Indianapolis
Jack Davenport 1330 West Michigan Street Indianapolis	Daniel Gawronski, Ph.D. 1028 Illinois Building 17 West Market Street Indianapolis	John Helme 721 Illinois Building Indianapolis
Jean DeWitte Ball State University Muncie	Truman Gibbs P. O. Box 1655 Gary	William H. Hickman R. 6, Box 195 Muncie
Dr. Curt Dollins 1315 West 10th Street Indianapolis	George E. Gill 5908 University Avenue Indianapolis	Mrs. Anna M. Hipple 8420 Olin Road Indianapolis
Mrs. Grace Dombrowski 5901 West Seventh Avenue Gary	Olinda Gonzalez 1541 City County Building Indianapolis	Denise Holmes Muscatatuck State School and Training Center Butlerville
Theodore Dombrowski 5901 West Seventh Avenue Gary	Elisabeth Good 8809 Southeastern Avenue Indianapolis	Paul F. Hooker, Jr. Box 430 Wabash
Gayle S. Eads 1028 Illinois Building Indianapolis	Mrs. Oliver Good 137 Shady Lane Wabash	Harold Huffine 1330 West Michigan Street Indianapolis
Shirley Eckert R. R. 1, Box 443 Camby	Walter R. Goodwin 3616 North Sherman Drive Indianapolis	Durward A. Hutchinson 7725 North College Avenue Indianapolis
Richard Eisinger 1319 North Pennsylvania Street Indianapolis	Ed Gorman 911 Ridge Road, Suite 4 Munster	M. O. Jeglum 3616 North Sherman Drive Indianapolis
O. C. Eitzmann Chateau de Repos, Inc. 5055 West 52nd Street Indianapolis	Raymond J. Guest 1330 West Michigan Street Indianapolis	Catherine Jenkins Aurora
Joseph W. Elbert, D.O. 711 Medical Arts Building Petersburg	Kathleen Halberg 1330 West Michigan Street Indianapolis	Dr. Mary Jane John 201 Greentree Drive Muncie
Marilyn Faris 201 Greentree Muncie	William Hamrick 667 Walnut Street Terre Haute	Thomas J. Jones 1220 East Laguna Kokomo
Miss Joy Figg 110 North Illinois Street Indianapolis	Raymond Handley Indiana Agency for the Blind 536 West 30th Street Indianapolis	Freeman Ketron 1028 Illinois Building Indianapolis
G. John Fischer 1108 South High Street South Bend	Sharon Hancock 7725 North College Avenue Indianapolis	Harold D. Kessler P. O. Box 480 Greencastle
Margaret Foster 1635 West Michigan Street Indianapolis	Betty Harman Audiology and Speech Clinic Ball State University Muncie	James M. Kirtley, M.D. 1500 Darlington Avenue Crawfordsville
Saville C. Frank Logansport State Hospital Logansport	Dr. Larry Hartlage 1635 West Michigan Street Indianapolis	Mrs. Lee Kirtley 615 Thornwood Road Crawfordsville
Allen Free 1028 Illinois Bldg. Indianapolis		Mrs. Beatrice Klinger Court House, Room 100 Kokomo



Sister Mary Gregory Knoerle, SP  
Saint Mary-of-the Woods College  
St. Mary-of-the Woods

Senator Bernard Konrady  
524 Cleveland  
Gary

Donald J. Koors  
6124 North Broadway Street  
Indianapolis

Margarte M. Kreisle  
St. Mary's Hospital  
3700 Washington Avenue  
Evansville

Dr. Werner Kuhn  
Central State Hospital  
3000 West Washington Street  
Indianapolis

Mr. Alfred J. Lamb  
Indiana School for the Deaf  
1200 East 42nd Street  
Indianapolis

James O. Larsen  
1038 Illinois Building  
Indianapolis

Tom Leatherman  
1330 West Michigan Street  
Indianapolis

Latimer D. Leavitt  
110 East North Street  
Greenfield

Mrs. Ralph Lee, Jr.  
E-40 Chester Road, R. 1  
Carmel

Edith Leech  
3242 Sutherland Avenue  
Indianapolis

Rosemary Lewis  
1315 West 10th Street  
Indianapolis

Ron Livingston  
Community Hospital  
1500 North Ritter Avenue  
Indianapolis

Howard Lytle  
1635 West Michigan Street  
Indianapolis

Ray McCubbins  
Lear-Sieglar Institute  
440 North Meridian Street  
Indianapolis

Ralph E. McDonald, D.D.S.  
Indiana University School  
of Dentistry

1121 West Michigan Street  
Indianapolis

Mary C. McGimpsey, R.N.  
3231 North Meridian Street  
Indianapolis

Raymond McIver  
1810 "O" Street  
Bedford

Dewey McLin  
2439 West 16th Street  
Indianapolis

Mrs. Florence McQuiston  
P. O. Box 28  
Kokomo

Robert E. Marshall  
1671 Spy Run  
Fort Wayne

Mrs. Dorothy Maxwell  
3769 North Park Avenue  
Indianapolis

Mrs. Judith C. Merck  
3202 North Meridian Street  
Indianapolis

Mrs. Katie Milburn  
38 North Pennsylvania Street  
Indianapolis

Miss Delma Miller  
University of Evansville  
P. O. Box 329  
Evansville

Don A. Miller  
1330 West Michigan Street  
Indianapolis

Dr. Maureen Miller  
1635 West Michigan Street  
Indianapolis

Spiro B. Mitsos, Ph.D.  
3701 Bellemeade Avenue  
Evansville

Charles Morgan  
R. R. 6  
Decatur

Mrs. Charles Morgan  
R. R. 6  
Decatur

Miss Lois Morgan, R.N.  
R. R. 2  
Morocco

Rosemary E. Mueller  
521 West Colfax  
South Bend

William E. Murray, M.D.  
Box 34  
New Castle

Devon Nacke  
Logansport State Hospital  
Logansport

Priscilla H. Nash  
Russiaville

Phil Neidlinger  
1635 West Michigan Street  
Indianapolis

James E. Nicely  
316 University Infirmary  
Notre Dame

Linda Nichols  
5420 Tara Court, South  
Indianapolis

Jack Oathout  
P. O. Box 489  
Seymour

A. C. Offutt, M.D.  
1330 West Michigan Street  
Indianapolis

Anna Parker  
Tech High School  
1500 East Michigan Street  
Indianapolis

Wilma Parnell  
1059 McKinley Avenue  
Frankfort

William Passmore  
4930 Melville Avenue  
East Chicago

Mrs. Elaine Patrem  
P. O. Box 65  
Wabash

Mary Jane Percy  
1059 McKinley Avenue  
Frankfort

Marjorie Pearsey  
612 East 11th Street  
Rushville

Mrs. Jean Perney  
1319 North Pennsylvania Street  
Indianapolis

Eugene Peterson  
3242 Sutherland Avenue  
Indianapolis



Ralph N. Phelps  
5841 College Avenue  
Indianapolis

Mrs. Josephine Price  
1433 North Pennsylvania St., #302  
Indianapolis

Marvin Price  
536 West 30th Street  
Indianapolis

Rev. Myron Prok  
Peace Lutheran Church  
for the Deaf  
4201 North College Avenue  
Indianapolis

Eve Purvis  
910 North Delaware Street  
Indianapolis

Russel Rea  
Department of Correction  
Indianapolis

John Reifsnider  
1240 U. S. Highway 30 E  
New Haven

Richard M. Rembold  
702 Williams Street  
Elkhart

Mr. Donald Rice  
1100 West Michigan Street  
Indianapolis

Harriet Richardson  
107 Winthrop Road  
Muncie

Mrs. Lester L. Renbarger  
2111 Wabash Road  
Marion

Jacob R. Roberts  
910 North Delaware Street  
Indianapolis

Robert Robertson  
401 State House  
Indianapolis

Mrs. Harold E. Rodden  
337 Campbell Avenue  
Indianapolis

Ronald Roembke  
3242 Sutherland Avenue  
Indianapolis

William N. Salin  
Secretary of State  
State House  
Indianapolis

Archie D. Sanders  
1015 Third Street  
Columbus

Henry Schroeder  
8401 Westfield Boulevard  
Indianapolis

Charles Sessler  
1200 East 42nd Street  
Indianapolis

William F. Sheeley, M.D.  
1315 West 10th Street  
Indianapolis

Rev. Landrum Shields  
5136 Michigan Road  
Indianapolis

Stuart Shipman  
P. O. Box 109  
Western Wayne Schools  
Cambridge City

Earnestine M. Simons  
3512 Rockville Road, #204-A  
Indianapolis

Ralph J. Smitt  
Director of Printing & Mails  
Vincennes University  
Vincennes

Mrs. Elaine F. Sommers  
510 F US By Pass  
West Lafayette

Francis Sondag, Ph.D.  
1100 West Michigan Street  
Indianapolis

Rep. Harry Spanagel  
231 Oakley Avenue  
Lawrenceburg

Dr. Elizabeth F. Spencer  
2000 University  
Muncie

Richard Stafford  
10 North Senate Avenue  
Indianapolis

Dr. M. D. Steer  
Purdue University  
West Lafayette

Eva Stewart  
536 West 30th Street  
Indianapolis

Doris E. Stuart  
5055 West 52nd Street  
Indianapolis

Macon W. Terrell  
Lake Ridge Schools  
106 East Ridge Road  
Griffith

George Tinius  
Shrader and Abby Dell Avenues  
New Albany

Mrs. Charles H. Tinsley, Sr.  
2626 Guilford Avenue  
Indianapolis

Donald E. Trisler  
Lapel

Carolyn Tucker  
3242 Sutherland Avenue  
Indianapolis

Suzanne Turner  
7725 North College Avenue  
Indianapolis

Pat Urbanski  
1330 West Michigan Street  
Indianapolis

Ruth Walters  
Court House, Room 100  
Kokomo

Mr. Aubrey E. Ward  
21st and Arlington  
Indianapolis

Charles Weaver  
615 North Alabama Street  
Indianapolis

Ralph B. Werking, Jr.  
3616 North Sherman Drive  
Indianapolis

Eugene Wise  
32 East 7th Street  
Hobart

Jim Wolf  
1028 Illinois Building  
Indianapolis

James B. Wray, M.D.  
1100 West Michigan Street  
Indianapolis

Robert Yoho  
1330 West Michigan Street  
Indianapolis

Mrs. Robert Younger  
752 East Market Street  
Indianapolis

Sister Mary Xavier  
201 West State Street  
Madison



## THE COMMISSION FOR THE HANDICAPPED

James M. Kirtley, M.D., *Chairman*  
Crawfordsville

Ralph N. Phelps, *Vice Chairman*  
Indianapolis

Theodore Dombrowski, *Secretary*  
Executive Director, Trade Winds  
Rehabilitation Center of Northwest  
Indiana  
Gary

Merrill C. Beyerl, Ph.D., Vice-President  
Ball State University  
Muncie

Leslie Brinegar, Director  
Division of Special Education  
State Department of Public Instruction  
Indianapolis

Dean E. Duvall, Acting Director  
Division of Parole  
Department of Correction  
Indianapolis

Gayle S. Eads, Director  
Division of Vocational Rehabilitation  
State Department of Public Instruction  
Indianapolis

Joseph W. Elbert, D.O.  
Petersburg

Howard G. Lytle, L.H.D., Director  
Indianapolis Goodwill Industries  
Indianapolis

Ralph E. McDonald, D.D.S.  
Indiana University School of Dentistry  
Indianapolis

Spiro B. Mitsos, Ph.D., Executive Director  
The Rehabilitation Center  
Evansville

Harlan J. Noel  
Retirees' Representative  
United Auto Workers Region III  
Indianapolis

Richard L. Schultheis, M.D.  
State Department of Public Welfare  
Indianapolis

William F. Sheeley, M.D.  
Mental Health Commissioner  
Indianapolis

Mrs. Virginia Stitle  
Indiana Employment Security Division  
Indianapolis

Mrs. Carolyn C. Tucker  
Director of Public Relations and Special Events  
Crossroads Rehabilitation Center  
Indianapolis

James B. Wray, M.D., Chairman  
Department of Orthopedic Surgery  
Indiana University School of Medicine  
Indianapolis

### *EXECUTIVE SECRETARY*

Don A. Miller, Director  
Division for the Handicapped  
Indiana State Board of Health  
Indianapolis











